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Chemist&Druggist
The Newsweekly for Pharmacy

C&D

25 February 2006

Open up oxygen service, PSNC tells Department

C&D launches oxygen campaign

CIO
CHOICE IN OXYGEN

RPSGB agrees to national boards' views on techs

Jane Kennedy: an exclusive interview

sumatriptan succinate

Imigran® gives sufferers a way out of migraine

IMIGRAN®

Feeling trapped in a darkened room with a migraine can have a devastating effect on daily life.[1,2] But there is a way out. Imigran, the leading prescription migraine brand, has treated over 800 million migraine attacks worldwide.[3] In other words, Imigran has been helping millions of sufferers to see the light.[4]

Imigran®(sumatriptan succinate) Subject (Injection) 6mg, Nasal Spray 10mg/20mg, Tablets 50mg /100mg and Imigran RADIS 50mg/100mg. Abbreviated Prescribing Information, Refer to Summary of Product Characteristics before prescribing. **Use:** Acute relief/treatment of migraine with or without aura (and acute treatment of cluster headache, injection only). Subject, Tablets and RADIS Tablets only: Imigran is effective in treating menstrual migraine ie migraine without aura that occurs between 3 days prior and up to 5 days post onset of menstruation. **Dose: Adults (18-65 years)** 6mg s.c. Max 12mg/24 hours. Second dose >1 hour after first. 20mg intranasal. Max 40mg/24 hours. Second dose >2 hours after the first. 50mg-100mg p.o. Max 300mg/24 hours. Second dose >2 hours after the first. Do not take second dose if no response to the first. **Adolescents (12-17 years)** 10mg intranasal. Max 20mg/24 hours. Second dose > 2 hours after the first. Do not take second dose if no response to the first. Imigran is not recommended in patients under 12 years or over 65 years. **Contraindications:** Hypersensitivity to sumatriptan and/or excipients, previous myocardial infarction, ischaemic heart disease, coronary vasospasm, peripheral vascular disease, previous stroke or transient ischaemic attack, severe hepatic impairment, hypertension (except controlled mild hypertension), concomitant use of ergotamine and derivatives, e.g. methylsergide, concurrent and recent (within last 2 weeks) administration of monoamine oxidase inhibitors (MAOIs). **Precautions:** Imigran should not be used for hemiplegic, basilar or ophthalmoplegic migraine. Exclude other potentially serious neurological conditions in patients who present with atypical symptoms. Cardiovascular evaluation required in post-menopausal women and males over 40 years with risk factors for ischaemic heart disease. Caution required in patients with impaired hepatic or renal function. Risk of cross-sensitivity with sulphonamides. Adverse events may be more common with concomitant use of St John's Wort (Hypericum perforatum). Rarely, weakness, hyper-reflexia and incoordination if used concomitantly with SSRIs. Chronic daily headache or exacerbation of headache may occur with overuse of sumatriptan. **Interactions:** Ergotamine, ergot derivatives, MAOIs and SSRIs. **Pregnancy/ lactation:** Post-marketing data during the first trimester in over 1,000 women does not suggest an increased risk of congenital defects although definitive conclusions cannot be drawn. Limited experience in second and third trimester. Avoid breastfeeding for 24hours after administration of Imigran. **Driving and Operating Machines:** with caution as drowsiness may occur **Side effects:** Pain, tingling, heat, heaviness, pressure or tightness affecting any part including chest and throat; may be intense, usually transient. Neck Stiffness. Transient flushing, dizziness and weakness. Fatigue, drowsiness, nausea/vomiting, reduced seizure threshold and seizures, visual disturbances and hypersensitivity reactions. Cardiovascular disturbances including hypertension, hypotension, arrhythmias, ischaemia, coronary artery vasospasm, Raynaud's phenomenon, ischaemic colitis and myocardial infarction. **Injection only:** pain/local reaction at injection site. Nasal Spray only: taste, local irritation, epistaxis. Basic NHS cost: Injection: 2x6mg pre-filled syringes and auto-injector £44.19, refill pack 2x6mg pre-filled syringes £42.05; 6x6mg pre-filled syringes £126.13; Tablets: 6x50mg £27.62,12x50mg £52.48, 6x100mg £44.64,12x100mg £89.28; RADIS Tablets: 6x50mg £24.87, 12x50mg £49.77, 6X100mg £44.64, 12x100mg £89.28; Nasal spray: 2x10mg £12.28, 2x20mg £12.28, 6x20mg £36.83. **PL numbers:** 10949/0113/0231/02 2/0260/0261 and 19494/0013/0014 **PL holder:** GlaxoSmithKline UK, Stockley Park West, Uxbridge, Middx U811 1BT. POM. **Further information is available from:** Customer Contact Centre, GlaxoSmithKline, Stockley Park West, Uxbridge, Middlesex U811 1BT; customercontactuk@gsk.com; Freephone 0800 221 441. **Last revision of prescribing information:** 23rd November 2005.

References: 1. GSK data on file IMG/DOF/06/23899/1. 2. Dahlof CGH, Dimenais E. Cephalalgia 1995; 15: 31-36. 3. GSK data on file IMG/DOF/06/18590/2. 4. Diener HC, Eikermann A, Gessner U *et al.* Eur Neurol 2004; 52: 50-56.

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Richard Coombs
Editorial Production Assistant
Bethany Straker
Editorial Secretary
Jan Powis
(tel): 01732 377487
(fax): 01732 367065
chemdrug@cmpinformation.com
Price List
Colin Simpson (Controller)
Darren Larkin (Data Manager)
Maria Locke (Senior Clerk)
Price List (tel): 01732 377407
(fax): 01732 377559
Senior Sales Manager
Mark Walley
Sales Managers
Daniel Spruytenburg, Deborah Heard
Commercial Director, Healthcare
Mary McGregor
Classified Executive
Amy Turner
0207 921 8124
Advertisement Admin Manager
Julia McNamara
Advertising (tel): 020 7921 8120
Projects and Price Service Manager
Patrick Grice, *MRPharmS*
Pharmacy Projects
Mary Prebble
01732 377269
Production
Katrina Avery
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Lisa Taylor
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C&D

Chemist & Druggist

The Newsweekly for Pharmacy

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This week

Regulars

Pharmacy update

Features

Give us oxygen, demands PSNC

by Ailsa Colquhoun

The Pharmaceutical Services Negotiating Committee has called on the Government to open up the supply of domiciliary oxygen to include pharmacists.

The call was issued on Friday, the day *The Times* newspaper reported that Alice Broderick, an oxygen patient supplied by Air Products, had died while waiting for an emergency delivery.

A day later, Moira Brady, another Air Products' patient, also died, according to the *Daily Telegraph*.

Making the appeal, Sue Sharpe, PSNC chief executive, said: "We call on the Department of Health to allow community pharmacists to continue to provide this vital service.

"The first two weeks' implementation of the new arrangements highlight the benefit of the previous system. We are not confident that what we have seen are only temporary flaws."

As *C&D* went to press, PSNC was waiting for a response from the DoH. However, a statement by the NHS Home Oxygen Service confirmed acknowledgement at SHA level that pharmacies are able to cope with current demand.

In Wales, health minister Brian Gibbons has confirmed that pharmacists will be considered and reimbursed as a "parallel contingency process" until the end of March.

Lending their weight to PSNC's call, the RPSGB and the NPA have appealed for the Government to rethink the situation. In a letter to the DoH, the RPSGB demands urgent action.

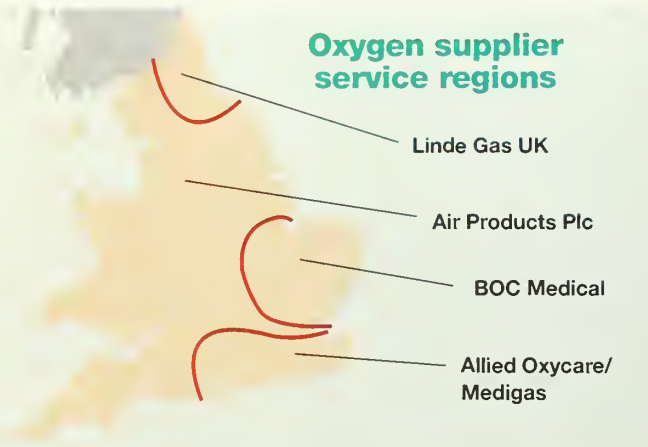
Hemant Patel, the Society's president, said: "There is no doubt that pharmacists across England and Wales are being approached by worried patients who have not received their expected oxygen supplies. The Department of Health must engage ... and ensure that patients' access to home oxygen is restored."

John D'Arcy, NPA chief executive, added: "Community pharmacists had been the backbone of the home oxygen service for many years. They provided a responsive and timely service."

In a statement made following the deaths in its area, Air Products maintains that it is now answering the vast majority of calls and is quickly processing the vast majority of orders. It has also been asked by the Welsh Assembly Government to compile a list of "proposed remedies" to the problems it has encountered.

BOC, the only other oxygen supplier available for comment, said that Vitalair, its domiciliary oxygen arm, has identified the level of response required and put in place extra resources. "We are coping with the increased demand," a spokesman said.

Andrew Hasson



The C&D campaign for patient choice in oxygen supply

C&D is launching a campaign to give patients the freedom to choose their oxygen supplier.

Our campaign will demand that patients and primary care organisations have a say on who provides the oxygen service. It echoes PSNC's call for the Government to open up the supply of domiciliary oxygen to include community pharmacies.

Comments from our readers (*p5*) show support for *C&D*'s stance. Already there have been two reported deaths implicated with the new home oxygen service – an unacceptable situation.

THE ISSUE

- The Government has imposed a national home oxygen service on patients. Pharmacy has been excluded from the scheme without consultation.

OUR CAMPAIGN

- Patients must be given a choice of supplier.

WHAT WE WILL DO

- Lobby the health departments in England and Wales.
- Gather support from pharmacists and pharmacy bodies.
- Highlight how pharmacists are helping patients get oxygen.
- Publish a poster and petition (in next week's issue) for pharmacists to raise patients' awareness of the campaign.
- Publish a template letter for pharmacists to lobby MPs and primary care organisations.

WHAT YOU CAN DO

- Pledge your support for *C&D*'s campaign via e-mail at *chemdrug@cmpinformation.com*, by fax to 01732 367065 or by phone to 01732 377688.
- Tell us about any difficulties with the national oxygen service in your area.

Two weeks ago, Laurence Sprey predicted that patients would die as a result of the handover to the new oxygen service. As *C&D* went to press, Mr Sprey had not received a response from Tony Blair to a letter highlighting how the new oxygen suppliers were failing patients. He has, however, received a letter from Surrey and Sussex SHA, putting on record its gratitude for pharmacists participating in making emergency supplies. Commenting, Mr Sprey said: "When it comes to negotiating compensation, let's hope the Government doesn't have a short memory"

Pharmacists' shock at patient deaths

Pharmacists around the country have told *C&D* of their disgust over a system that has allowed two patients to die while waiting for oxygen.

Geoff Shackleton, of H Shackleton Ltd, Abergavenny, said: "I am not at all surprised. The service is not proving as reactive as it was hoped it would. The Government simply has not appreciated how reactive pharmacists were."

In response to a survey conducted by Wales-based buying group Cambrian Alliance, Mr Shackleton points out that his shops in Hereford and Abergavenny have supplied 84 oxygen cylinders since the start of the new Home Oxygen Therapy Service in February. In one case, relatives of a terminally ill patient had to travel 12 miles twice in two days to get oxygen that had been requested three days earlier from Air Products. He said: "As professionals we try and put patients first – with this system, this is not going to happen."

According to Paul Davies, chief executive of Cambrian Alliance, the survey has so far revealed that on average Cambrian's members have supplied around 10 cylinders each since February 1.

Elsewhere in the country, pharmacists tell a similar story. In Edgware, Middlesex, Riaz Esmail, of Fairview Pharmacy, said: "We were aware that there would be problems so we retained our stocks and have been working together with other community pharmacies to ensure that there have been no major upsets.

"However, there is a lot of concern at patient level at how badly this arrangement is working out."

Riaz Esmail: knew there would be problems

In Kent, over 60 pharmacies have signed up to continue supplying oxygen. According to LPC secretary Stuart McMillan, emergency supplies by the county's pharmacists "are happening". "It is most unfortunate that without consultation the contract was taken away from us. Most pharmacies would like it back again. We offered a personal service that the new suppliers just cannot provide."

In light of the survey's findings, Cambrian Alliance has scheduled a meeting with Community Pharmacy Wales on Monday. Commenting, Mr Davies said: "We were fearful this was going to happen. But it shows that pharmacists are a great servant of the nation's health and that they are local. Not everything can be delivered on the back of a supermarket lorry. Pharmacists are out there at the heart of the community and can provide an excellent service. Oxygen suppliers should be considering how pharmacists can be used to help them do their jobs." **AC**

Your Views

"I am in support of the campaign. The changes made by the Government have made everything go haywire. Providing oxygen is something we can look into"
Folake Verissimo, S M Hutchinson Chemists Ltd, Peckham, London

"I would support the campaign. From past experience if patients run out of oxygen they don't go to their GP but come straight to the pharmacy and will get their oxygen in a couple of hours. If it becomes a national service it will be a miracle if they get it within hours"
Jitendra Malde, Kandri Pharmacy, Fulham, London

"I'd rather not bother with the campaign to be honest because I feel very aggrieved by the whole thing. I know that we'll lose out financially from this. I'm so cross because these problems were so predictable and patients are suffering as a result. It's such a mess"
Jane Winstanley, Aneurin Evans Pharmacy, Barry, Wales

"This campaign gets our 100 per cent support. This is what we have been pushing for all along"
Mark Griffiths, chairman, Cambrian Alliance

RPSGB makes U-turn over techs on national boards

by Caroline Stocks

The RPSGB's Council has reversed its decision to appoint a pharmacy technician on the national board for Scotland.

Council decided in December that there should be a place for a pharmacy technician, without voting rights, on the English, Scottish and Welsh boards, contrary to advice from the Scottish Executive. But following the decision, the Scottish Executive wrote to Council to express "serious concerns" about the changes to the boards, which will represent members' professional interests at a devolved level.

Rose Marie Parr, RPSiS chairman, and Angela Timoney, past-chairman, said the changes were "damaging the credibility" of the RPSGB in Scotland.

The letter said membership of the Scottish board should be a matter for the Scottish Executive. While technicians are "valued members of the pharmacy team", they should be asked to join working groups "where their expertise is needed," it added.

"It does not matter if some boards have a technician member and others do not. This is devolution in action," it said.

Following a similar letter from the Welsh Executive, Council reconsidered its decision last week and voted not to have a pharmacy technician on the Scottish or English boards. Council also decided on a technician with voting rights on the Welsh board, as recommended by the Welsh Executive.

"We are pleased the Council decided to accept the recommendations from the executive," said Lyndon Braddick, RPSiS director. "It's very much in the spirit of devolution that each country is allowed to make decisions on its own composition."

Peter Jones, RPSiW chair, said he was delighted with Council's decision to allow the Welsh Executive to decide its own composition. "Having pharmacy technicians on the board will ensure the pharmacy family is fully represented," he said.

IT

Spring boost for ETP rollout, says IT chief

Further pharmacy IT suppliers could be accredited for ETP in the coming weeks, a senior NHS IT director has predicted.

Tim Donohoe, Connecting for Health group programme director, told *C&D*: "Pharmacy system suppliers continue to work towards full deployment and there will be an announcement on their status in the near future."

Currently only AAH's system has met CfH criteria for phase one ETP rollout. Others, including Cegedim Rx, Fusion Health, Hadley Healthcare Solutions, Positive Solutions, Systems Solutions and Lloydspharmacy are likely to receive final approval "within the next week to 10 days", he said.

Multiple rollout of phase one accredited ETP systems will pave the way for all pharmacies in England and Wales to process electronic scripts by the end of this year, Mr Donohoe predicted.

Vanessa Taylor: predicts trouble when technology goes nationwide

"I would hope by the end of 2006 we will see approaching 100 per cent of pharmacies accredited for ETP release one," he said.

He also said that ensuring PCTs are prompt in issuing pharmacists with smartcards, to allow access to the NHS IT network, would be a priority.

He added: "Some PCTs are working hard to address the issue, but there's mixed activity overall. We will contact those lagging behind and encourage pharmacists to let us know of any problems."

Vanessa Taylor, professional executive officer at East Sussex LPC, said: "I'm sceptical as there have been so many problems with ETP pilot sites where CfH has got direct control. When the technology goes nationwide I can see another Government muck up as we've seen with oxygen." **MG**

LEGISLATION

Prescription charging review 'not a priority'

Reviewing who should be exempt from prescription charges is "not a high priority" for Government.

Deciding which illnesses entitle a patient to free prescriptions is "not a prospect of policy discussion that is enticing", health minister Jane Kennedy said.

Prescription charging was reviewed in 1998, when the Government decided not to change the system, she told a Commons select committee on health last week. "Whilst there are anomalies, the system we have got is probably best left as it is," she said. "It's not a high enough priority."

She said the Government wants to develop a system where people who can afford to pay do, but those who cannot are exempt.

"It is difficult to make the case for moving exemptions from one group to another. What we have been seeking to do is improve the current system." **CS**

Inbrief

Heart funding

Welsh health minister Dr Brian Gibbons has pledged further funding for projects to tackle heart disease treatment across Wales.

Sixty-two projects across Wales funded from the Welsh Assembly Government's Inequalities in Health Fund will be extended for another year to March 2008 and benefit from £5.8 million of funding. The projects range from a smoking cessation service to tackling obesity and encouraging a more healthy lifestyle.

Merck wins again

Merck is still facing thousands of lawsuits by patients who claim Vioxx caused them harm even though a jury in a US court last week concluded that the withdrawn painkiller was not responsible for the death of a patient. Merck has so far won three of the four cases that have come to trial.

Numark weekend

Numark has announced details of its 2006 mini conference and family weekend. The event, which will be held at Center Parcs, Whinfell Forest, Cumbria from September 29 to October 2, will include business and accredited CPD based training sessions, Numark business updates and a supplier session. Members requiring further information should phone Betty Kelly on 01827 841200.

CPD for other staff

NHS Education for Scotland (NES) has started a project to assess the continuing professional development needs of pharmacy support staff.

The scoping exercise aims to develop educational support and outline a career path for pharmacy staff working in the community or hospital sectors. It is hoped this will lead to upskilling of staff, releasing pharmacists to provide other services and improve patient care.

Co-op drive

The Co-operative Group has acquired the UK's original drive-through pharmacies in the West Midlands.

The Co-op bought the Duran Drive-Thru sites in Norton Canes near Cannock and Carters Green, West Bromwich for an undisclosed sum. All staff from the branches, which opened in 1995 and 2000, will be retained, said the Co-op.

NEW Formulation

Calcium Sennosides

Senokot sugar

How could we possibly improve on the gentle, effective constipation relief of Senokot Syrup? Simple. By relieving it of sugar.

And because it's now sugar-free, you can recommend it to even more customers.

New formulation Senokot Syrup. We've taken away the sugar so you can add to your sales!

New 150ml Sugar Free Syrup

ESSENTIAL INFORMATION

Active Ingredients: Each 5ml spoonful of Senokot Syrup contains sennosides USP equivalent to 7.5mg total sennosides. **Indications:** Relief of occasional or non-persistent constipation. **Dosage Instructions:** Adults and children over 12: Two 5ml spoonfuls taken at night. Children 6-12: One 5ml spoonful taken in the morning. Children under 6: To be taken only on a doctor's advice. **Contraindications:** In common with other laxatives Senokot Syrup should not be given when undiagnosed acute or persistent abdominal pain is present. **Precautions and Warnings:** If there is no bowel movement after three days consult a doctor. If laxatives are needed every day or abdominal pain persists consult a doctor. Each 5ml of Senokot Syrup can provide up to 3.2k cal and this should be taken into account when treating diabetics. **Side-Effects:** Temporary mild griping may occur during adjustment of dosage. Hypersensitivity reactions associated with the esters of hydroxybenzoates (parabens) may occur. **Recommended Retail Price:** 150ml – £4.99. **Marketing Authorisations:** PL00063/0123. **Supply Classification:** GSL. **Holder of Marketing Authorisations:** Reckitt Benckiser Healthcare (UK) Limited, Dansom Lane, Hull HU8 7DS.

Linking contracts to OTCs is 'wrong', says Gidley

by Asha Fowells

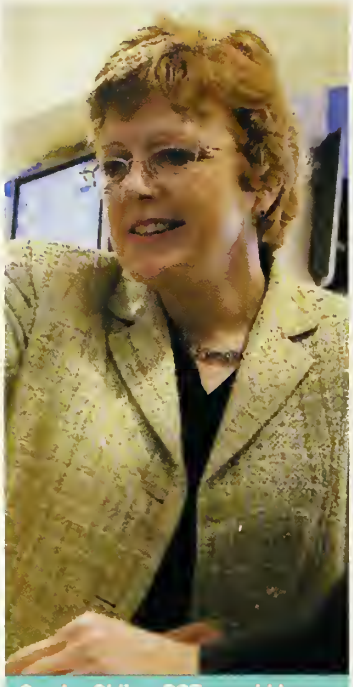
Plans to link pharmacy contracts to over the counter medicine prices are "wrong and unenforceable", an MP told Parliament last week.

Seeking an amendment to the *Health Bill* (*C&D, November 5, p4*), Romsey MP and pharmacist Sandra Gidley said that OTC prices could not be guaranteed, despite promises made in contract applications. The PCT would have no control over the pharmacy's ongoing pricing policy, which could change if the business was sold or decided to offer different services, she explained.

In addition, PCTs would find it difficult to compare the merits of different applications, said Ms Gidley. "One pharmacy might offer a certain price for over the counter medicines, while another offers an enhanced delivery service ... who decides what is best for patients?" she said in a debate on the Bill last week.

Ms Gidley derided the Department of Health view that low OTC medicine prices would benefit disadvantaged communities, saying that low income patients knew they were eligible for free prescriptions. In addition, the move would be biased against the independent contractors who tended to operate pharmacies in deprived areas, and who often used their profits to develop new, locally required services, she warned.

But Jane Kennedy, the health minister with responsibility for pharmacy, said "the clause is not simply about price" and aimed to encourage pharmacies to offer medicines and services that promoted self-care. The legislative change will help PCTs distinguish between contract applications, she said, describing it as "in line with our policy of opening up and developing community pharmacy services".



Sandra Gidley: PCTs would have no control over pharmacy's ongoing pricing policy

CONTRACT

Cross sector experience 'not compulsory'

Pharmacy students in their pre-registration year will not have to complete compulsory cross sector experience (CSE), the RPSGB's Council has ruled.

While CSE should be part of pre-reg training "wherever possible", the Council is "withdrawing its commitment" to making it a mandatory part of pre-reg training.

CSE gives trainees experience in both hospital and community sectors of pharmacy and Council had been attempting to ensure all pre-reg students undertook CSE.

Last year 95 to 98 per cent of students in England and Wales found alternate sector placements, compared to 80 per cent in Scotland.

However, while the number of approved community placements has increased since the Department of Health increased the pre-reg training grant in 2005, there has been a shortfall in hospital capacity to provide placements.

Council agreed that resources being used to achieve 100 per cent CSE would be better spent on developing training. **CS**

CONTRACT

Wales may take action against oxygen supplier

The Welsh Assembly is examining whether it can take legal action against Air Products for failures in its oxygen service.

Health minister Brian Gibbons said he had asked civil service lawyers to investigate. But he doubted whether this line of attack would get far.

He told the Assembly's health committee that the contract between Cardiff and Air Products contained no penalty clauses. Dr Gibbons criticised the health department in London – which drew up the contract – for failing to include them.

Dr Gibbons praised the willingness of community pharmacists to continue to offer the old service after February 1, when the new contract came into operation.

He said prescriptions written after January 31 were still being honoured under the old arrangement.

"Many pharmacists have re-stocked with oxygen where possible and I am most grateful to those pharmacists in Wales who have continued to serve patients in this way. Their professional approach to the problem is to be applauded," he added.

Air Products anticipated being able to meet oxygen demand in Wales "within the next month", Dr Gibbons said.

PRODUCT INFORMATION FOR NUROFEN PLUS

Nurofen Plus: Each tablet contains 200mg ibuprofen Ph Eur and 12.8mg Codeine Phosphate Ph Eur. **Indications:** For the relief of pain in such conditions as rheumatic and muscular pain, backache, neuralgia, migraine, headache, dental pain, dysmenorrhoea, feverishness, symptoms of colds and influenza. **Dosage and Administration:** Adults and Children over 12 years one or two tablets every four to six hours. Do not take more than 6 tablets in 24 hours. Not for use by children under 12 years of age. Elderly. No special dosage modifications are required unless renal or hepatic function is impaired, in which case dosage should be assessed individually. **Contraindications:** Patients with existing, or a history of, peptic ulceration. Hypersensitivity to any of the constituents, aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs). Patients with a history of Bronchospasm, rhinitis, urticaria, associated with aspirin or other NSAIDs. Hypersensitivity to codeine, respiratory depression, chronic constipation. **Precautions and Warnings:** Caution is required in patients with renal, cardiac or hepatic impairment. In patients with renal impairment, renal function should be monitored since it may deteriorate following the use of any NSAID. Bronchospasm may be precipitated in patients suffering from, or with a previous history of, bronchial asthma or allergic disease. The elderly are at an increased risk of consequence of adverse reactions. Undesirable effects may be minimised by using the minimum effective dose for the shortest possible duration. Nurofen Plus tablets should be used with caution in those with hypotension and/ or hypothyroidism. The tablets should be used with caution in patients with raised intracranial pressure or head injury. **The label will state:** Do not use if you have ever had a stomach ulcer or are allergic to ibuprofen (or any of the ingredients of the product) or aspirin. If you are allergic to or are taking any other painkiller, pregnant, or suffer from asthma speak to your doctor before taking Nurofen Plus. Do not exceed the stated dose. Keep out of the reach of children. If symptoms persist, consult your doctor. **The label will state:** (On outer pack) Do not take every day for long periods of time unless told to do so by your doctor. (On Patient Information Leaflet) Do not take more than the stated dose of this medicine. Regular use for longer periods may result in symptoms such as restlessness and irritability when you stop taking this medicine. If you find you need to use this product all the time, see your doctor straight away. Side effects. Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritis, urticaria, purpura, angiodema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Gastro-intestinal - abdominal pain, nausea and dyspepsia. Occasionally peptic ulcer and gastro-intestinal bleeding. Renal - Papillary necrosis which can lead to renal failure. Others - Hepatic dysfunction, headache, dizziness, hearing disturbance. Rarely thrombocytopenia. Side effects of codeine include constipation, respiratory depression, cough suppression, nausea and drowsiness. **Product licence Number:** PL 00327/0082 **Licence Holder:** Crookes Healthcare Limited, Nottingham NG2 3AA. **Legal category:** P. **Price:** MRRP from £2.67 for 12 tablets **Date:** October 2005

MPs warn of deregulation danger for pharmacy

by Max Gosney

Almost half of all local pharmacies in the UK could go bust within the next 10 years unless the Government curbs the growth of multiple operators, MPs have warned.

Independent pharmacies and other small retailers may disappear from local town centres if the expansion of large supermarkets is not checked, concluded the All-Party Parliamentary Small Shops Group in its *High Street Britain 2015* report.

Ensuring multiples face strict barriers to setting up extra pharmacies would best protect stand-alone operators, said the report.

Group member Oswald McDonald told *C&D*: "If the Government goes down the route of deregulation then there will be a loss of many community pharmacies. This will result in some deprived areas lacking access to healthcare facilities."

The comments come after the Office of Fair Trading called on the Government to lift competition restrictions in the pharmacy sector when it ruled on Boots's proposed merger with Alliance UniChem earlier this month (*C&D, February 11, p4*).

However, deregulation could result in further closures of community pharmacies, claimed the report.

Around half of current businesses are already likely to close by 2015 due to the impact of "one-stop shop" style supermarkets.

The Group urged the Government to halt supermarket acquisitions of smaller retailers and offer local people more say on store applications.

The National Pharmacy Association backed the report. Chief executive John D'Arcy said: "We urge the Government to take this report seriously and take steps to safeguard the future of independent retailing."

NORTHERN IRELAND

Doors open for pharmacy in Northern Ireland

A month-long TV, radio and press campaign started this week in Northern Ireland to encourage people to make better use of pharmacists for the treatment of minor illnesses.

The campaign, launched by health minister Shaun Woodward, highlights that there is more than one door open to you if you need medical treatment. It takes a series of five doors as its theme – to a house, pharmacy, GP surgery, out-of-hours service and A&E department – and encourages the public to think twice before consulting a GP for a minor illness or an A&E department outside normal working hours.

If you need medical treatment, there's more than one door open to you.

Instead it suggests that they should chat to a pharmacist first or even stay at home with a good first aid box.

"About a third of medicines being prescribed by doctors and GPs could actually be given by your pharmacist," said Mr Woodward. "The average pharmacist will see you in under two minutes, with no appointment."

Terry Hannawin, chief executive of the Pharmaceutical Contractors Committee, said: "We welcome the opportunity to focus on the fact that pharmacies are open six days a week. Anything that educates the public about the skills of community pharmacists should be welcomed. Using the doors is an interesting concept." **JE**

NORTHERN IRELAND

Postal strike delays contracts cost inquiry

A three-week postal strike has delayed the results of an inquiry into the cost of pharmacy provision in Northern Ireland.

Terry Hannawin, chief executive of the Pharmaceutical Contractors Committee, told *C&D* that the Department of Health, Social Services and Public Safety and the PCC had advised people not to post back their forms until the strike is over. Although it is scheduled to end this weekend, the backlog of unsorted post will take at least another month to clear.

Mr Hannawin said the information provided would be an important foundation for setting up a cost of service model for the new pharmacy contract in Northern Ireland.

Progress is being made in setting up the contract framework, although Mr Hannawin was unable to put a date on when it would start.

"We have already done some pathfinder work in anticipation of a new contract. We believe a minor ailments scheme set up last November has been successful. It is being reviewed at the end of March," he said. The health department is expected to extend the scheme to include allergy, thrush and head lice. A repeat dispensing scheme is also in progress.

Mr Hannawin said the new contract would not start "with a big bang" but would evolve.

"The schemes already set up will produce valid information about the cost of providing these services in the future. We want to get it right, rather than just get it done," he said. **JE**

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- Introducing the only licensed NRT approach for those smokers who are not able to stop smoking abruptly*
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- 1 in 3 smokers who successfully cut down their cigarette consumption by half with nicorette® stop smoking within a year[2]

cut down with nicorette® nicotine then stop

*nicorette® Gum and nicorette® Inhalator

Prescribing information can be found on the adjacent page

Boots equips staff to answer avian flu queries

by Asha Fowells

Boots is developing a training programme to help its pharmacy staff deal with questions about avian flu.

The multiple is working on the training with a panel of experts, including virologist Professor John Oxford, travel and tropical disease specialist Dr Jane Zukermann and the Department of Health.

Taking around half a day to complete, the materials will cover background information, the risk to humans and advice for customers travelling to areas affected by avian flu.

Boots says the move was triggered by the huge number of customer queries on the topic – nearly 30,000 since October. Steve Churton, Boots assistant pharmacy superintendent, added: "We will also be providing a free travel guide with advice for customers visiting areas affected by bird flu on their summer holidays."

The news follows guidance from the DoH that the level of influenza reports has exceeded the threshold at which antiviral drugs may be used.

Roche has released extra supplies of Tamiflu to ensure increased demand due to bird flu is met, though it confirmed that this would not affect the agreed stockpiling programme by the UK and other national governments for possible pandemic use.

Steve Churton: We will offer a free travel guide

Government policy

The Government has said that its pandemic influenza strategy is under constant review.

In its response to criticisms made by the House of Lords in its pandemic flu report published in December, the Government has stressed that many aspects will be updated as knowledge advances.

The House of Lords report was particularly critical of plans to stockpile just 14.6 million oseltamivir courses, and the "lack of clarity" on usage. However, the Government says that it is still deciding whether to build up further reserves of stock and the current policy will slow the spread of a pandemic.

MEDICINES

Study to cut drug errors for children

Researchers in Nottingham and London are looking at ways of cutting the number of errors made when prescribing for children.

Led by *C&D* practice medal winner Ian Wong of London's School of Pharmacy and Sharon Conroy from Nottingham Medical School, the 18-month project is being funded by a £125,000 Department of Health grant.

The study will culminate in the recommended introduction across the NHS of suitable schemes to reduce paediatric prescribing errors.

By contacting 250 paediatric pharmacists and 500 paediatricians, the researchers have identified 530 initiatives to reduce errors already in place.

The team intends to identify and study in detail the 20 best ideas, then introduce best practice to hospitals and other healthcare providers.

Mrs Conroy said children are estimated to be three times more likely to be affected by prescribing errors in hospital than adult patients.

MEDICINES

Rules on methadone preparation are relaxed by Council

Pharmacists can prepare methadone mixture extemporaneously, the RPSGB Council has ruled. The mixture can be prepared where licensed methadone products are available, provided certain requirements are met, the Council said.

Although the *Code of Ethics* stipulates licensed products should be supplied if available, the Council agreed in the case of methadone mixture that pharmacists could prepare it in bulk if they had a large number of patients.

This would alleviate the problem of storing large quantities of licensed methadone mixture in CD cabinets, as pharmacists would only need to keep the methadone powder there.

Pharmacists who make up methadone mixture will have to meet a number of standards, including:

- Accurately measuring quantities and diluent and not relying on the quantities stated on manufacturers' packs.
- Creating a standard operating procedure for preparing the mixture.
- Maintaining records of any mixture prepared for a minimum of two years.
- Ensuring preparation of the mixture is carried out by a fully trained person.

Lynsey Balmer, the Society's head of professional ethics, said the Society recognised some pharmacies do not have the capacity to store licensed methadone.

"However, it is essential robust systems are in place to ensure the quality of extemporaneously prepared methadone so that patient care is not compromised," she said.

Full guidance on the extemporaneous preparation of methadone mixture is available at *www.rpsgb.org* or from *qualityimprovement@rpsgb.org* or by calling 020 7572 2208. **CS**

MEDICINES

WHO moves on fake medicines

The World Health Organization wants to create a global task force to tackle the growing problem of counterfeit medicines.

Fake drugs are a worldwide problem accounting for 10 per cent of the global medicines trade, said WHO at a conference held in Rome last week.

"People don't die from carrying a fake handbag or wearing a fake T-shirt. They can die from taking a counterfeit medicine," warned Howard Zucker, WHO's assistant director-general for health technology and pharmaceuticals.

The number of cases of counterfeiting detected by the Pharmaceutical Security Institute last year increased from 557 in 2004 to 781, a rise of 40 per cent.

Counterfeiting is also lucrative – a report by the US Centre for Medicines in the Public Interest expects counterfeit drug sales to reach $75bn by 2010, a 92 per cent increase over 2005.

Nevertheless, the problem is not as high in the USA as it is in Russia, which had 93 seizures of counterfeit drugs, compared with 42 in the USA and 39 in the UK.

Although fake drugs are more prevalent in countries with weak regulatory controls, no country is immune. Counterfeiters are becoming more sophisticated which makes detection more difficult, said WHO.

David Pruce, director of practice and quality at the Royal Pharmaceutical Society, said: "Although we have only had a small number of cases reaching the legitimate medicine supply chain in the UK, it is important that we do not become complacent.

"A far greater worry is the availability of POM medicines over the internet. This is by far the riskiest way of obtaining medicines unless people can be certain that they are buying them from a pharmacy registered in this country."

The Society is currently leading a working group to consider how purchasing medicines from the internet could be made safer. **JE**

A FREE* supplement for your pharmacy

Now more than ever, pharmacists have the opportunity to help patients get the most from their medicines, promote healthier lifestyles and provide innovative services to the public. GlaxoSmithKline Pharmaceuticals appreciates the value of this development and has been working closely with pharmacists to produce +Plus Medicines Support Services (MSS), an initiative which we believe will support the valuable role pharmacists can play in delivering healthcare.

Every pharmacy in the UK can now benefit from these free* GlaxoSmithKline-funded services, which include:

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+Plus Device is a registered trademark of the GlaxoSmithKline group of companies *These services are of limited availability, please refer to the MSS brochure for full details

PLS/ADO/05/21967/1 Septem

In brief

Script fee hint

Jane Kennedy, the health minister, hinted a prescription rise of 10p is on the cards for England, raising the fee to £6.60 per item. Ms Kennedy told MPs prescription charges had gone up by 10p every year since Labour came to power in 1997 and the Government was not about to change its policy. The next rise is due in April and is expected to be announced shortly after the Budget on March 22.

Asda to grow

Asda plans to add 30 to 40 pharmacies to its stores in 2006. Asda's growth plans will be focused on England, said pharmacy superintendent John Evans. The company currently operates a 92-strong pharmacy chain.

Russian advance

Alliance UniChem has bought an £18 million share in Russian wholesaler Apteka Holding Ltd. AU takes on around £10m debt as part of its 96 per cent stake in the Moscow based firm. Apteka recorded sales of £115m in 2005 and distributes to around 12,000 pharmacies.

Numark revamp

Numark is looking to change the way it engages with its members.

Pharmacists Nick Gompels and Dan Guidi, chairmen of the chain's Basingstoke and Glasgow committees respectively, said the company was considering a central pharmacy advisory board and several focus groups. Replacing the 54 regional meetings held each year, this approach would give Numark head office staff a better idea of the issues affecting all members, said Mr Gompels.

He added that training sessions, for example on MURs, were planned and would involve yet more pharmacists.

Vets slam pharmacists' knowledge of vet meds

The British Veterinary Association has published a survey suggesting that pharmacists have little awareness of the law relating to the supply of veterinary medicines or of their pharmacology.

The survey, conducted in November 2004, almost a year before the *Veterinary Medicines Regulations* came into force, posed a number of hypothetical questions designed to test pharmacists' knowledge of veterinary medicines and of the provisions of the *Veterinary Surgeons Act 1966*.

Almost half (47 per cent) of the 186 pharmacists surveyed said they dispensed veterinary medicines for companion animals, with a mean of 7.6 prescriptions per annum. However, only 6 per cent of respondents said they felt competent to give advice on veterinary problems in general.

On a more positive note, the survey reports that some 46 per cent of respondents expressed an interest in gaining more knowledge, even at significant cost in time and money.

Concluding their survey, the authors accept that veterinary information in pharmacy is very limited. Even so, pharmacists are not accessing all the information that is readily available to them, they said.

They also point out that many pharmacists were poorly equipped to deal with veterinary dispensing.

However, the authors also acknowledge that pharmacists' code of conduct would prevent them from undertaking veterinary work until they felt that they were competent.

Describing the survey as unfairly structured, given that at the time pharmacists had no experience of dispensing veterinary prescriptions, Andrew Cairns, chairman of the RPSGB's Veterinary Pharmacy Group, believes pharmacists should not be concerned about the findings. Citing recent developments in undergraduate and postgraduate training in veterinary medicines, plus the introduction of the *Veterinary Medicines Regulations* in October, 2005, he said: "Things have moved on. There is now support from the industry for community pharmacists to be involved." **AC**

Brian McGuigan from Draperstown in Mid Ulster is just one patient who benefited from an early diabetes screening service piloted by 10 local pharmacies. The scheme, run by the Mid Ulster Local Health and Social Care Group, in partnership with the locality pharmacy group, screened 536 patients over six months. Pharmacists not only raised awareness of diabetes but also provided health advice. Mr McGuigan is pictured with Cross Health pharmacist Peggy McKeown, who said: "It is important that people are aware of the risk factors and symptoms of diabetes as serious health problems can stem from the condition"

Questiontime

This week's question:
Do you back *C&D*'s campaign to give patients choice in oxygen supply?

- Yes
- No

You have until noon on February 28 to vote at *www.dotpharmacy.com*. We will publish the results in *C&D* on March 4.

INDUSTRY

R&D spend on medicines down for second year

Medicines research in the UK is under threat from global competition, rising costs, bureaucracy and the activities of animal rights extremists, the Association of the British Pharmaceutical Industry (ABPI) has warned.

A combination of these factors has led to a 2 per cent reduction in expenditure on research and development of new medicines by UK pharmaceutical companies, to £3.2 billion in 2004, said the ABPI. This is the second successive year in which R&D investment has declined.

"In an era in which there is global competition for the industry's research base in China, India and Singapore, this country must not create barriers to innovation, whether through over-regulation or through concentration on the price of medicines rather than their value," said the ABPI.

Other contributory factors include a 7 per cent reduction in Pharmaceutical Price Regulation Scheme pricing and the difficulty of finding research scientists.

"All these things are coming together to give serious warning signs that the boom in medicines research is under threat," said ABPI spokesman Richard Ley. "We hope that the Government doesn't go down the road of arbitrary price control when the OFT reports on its investigation into the PPRS next month." **JE**

WIN £25!

MUR top tips

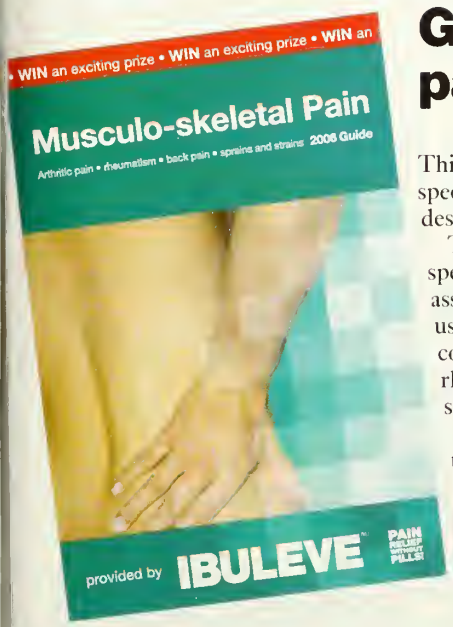
Send us your top tips in conducting medicines use reviews and we will pay £25 if published.

Naz Khideja, clinical services manager at MW Phillips Ltd, Birmingham:

Keep time expectations low.

I was finding that when asked if patients had 20 minutes for a review, it was off-putting for patients. However, when asked "do you have a few minutes for me to have a word about your medication" the response was much more favourable. Having filled out the patient's details and medication beforehand, the process of completing the MUR was streamlined, and the remainder of the paperwork could be filled out after the patient left – their copy was then attached to the next month's prescription.

Send your top tips to *C&D* at *chemdrug@cmpinformation.com* or fax to 01732 367065 and you could win £25.



Guide to pain relief

This week's issue contains a special pull-out supplement describing musculoskeletal pain.

The guide is tailored specifically for pharmacy assistants and offers clear and useful information and advice on conditions such as arthritic pain, rheumatism, back pain and sprains and strains.

Sponsored by Dendron, the guide also contains a competition with a chance to win a prize for your pharmacy.

E-mail your views to chemdrug @cmpinformation.com

Going into battle with MDS

Following the comment by *Xrayser (C&D, February 4, p13)* I'd like to clarify that in the USA there is a United States Pharmacopeia standard for unit-dose packaging products (such as those supplied by MTS for military use), which stipulates results that meet the requirements for Class A or Class B specification. In the case of the former, this facilitates a shelf life of 12 months (unless the manufacturer's expiry date is reached first) and six months for the latter.

MTS products currently satisfy either Class A or Class B specs. This question helps yet again to highlight the challenge represented by the Society's current eight week guideline.

Myself and colleagues from the profession have already lobbied for review of this situation, and for appropriate allowances to be made for those systems using the high-specification materials that are now available. Perhaps we can goad our Society colleagues into 'modernising' their thinking on this recurrent question?

Peter Williams MRPharmS, MD, MTS Medication Technologies.

Comment from the Editor

With the ban on smoking in public places approved, how much further should the Government go?

"Banning smoking altogether would be a good option, but that's unrealistic. Tobacco should be banned where there are children, but how can that be monitored?"

Amar Sadiq, Bristol

"I don't think the Government can do anything else"

Jatin Yadav, Leicester

Our online poll at *www.dotpharmacy.com* said...

13%

Ban smoking in open places

14%

Ban smoking in homes with children

42%

Ban tobacco products altogether

31%

Nothing – it's done enough

Give oxygen patients choice

This Government's mantra is 'choice'. It is unfortunate then that it has ended choice in oxygen supply. And it is extremely disturbing that at least two patients have died as a result.

What was the Government thinking when it decided to put the supply of oxygen – which tends to be used by patients most at risk in the community – into the hands of distant big business regional monopolies? How out of touch was it with what pharmacists actually provide in terms of customer care and support?

We are launching a campaign this week to persuade the Government that it needs to think again and give back choice to oxygen patients. Why not make more use of the expertise in the thousands of easily accessible centres of health across England and Wales – the community pharmacy network for an alternative supply route for oxygen patients. After all, patients have confidence in the community pharmacy supply route.

It is unlikely that the oxygen service will be fully restored to the pharmacy contract, and we are not arguing it should be. But what we do want is for patients to have much better access to oxygen supplies on demand, instead of having to wait for hours or days, as is happening now.

The re-introduction of oxygen supply through pharmacies could perhaps be as an enhanced service, or as a fully-funded emergency supply service. Regional suppliers will not lose their right to supply, but patients would again have a choice of supplier.

Patients cannot wait for the February 1 arrangements to settle in – people are dying now. We all deserve better than this.

If Mr Blair wants more choice, then he should do something about it. Bring back choice in oxygen supplies.

Yourviews

E-mail your views to chemdrug @ cmpinformation.com

Tony Foreman welcomes the current emphasis on patient safety

Building safety into the pharmacy

The past year has seen an unprecedented amount of interest in patient safety, both in political circles and throughout the NHS with the Patient Safety summit, NPSA 2006 Patient Safety Conference etc, dedicated to learning more about practical initiatives to improve safety in the future.

While stimulating widespread discussion about the value and impact of patient safe design, these events and their issues may appear to have little relevance to pharmacists struggling to meet the needs of the new contract and dispense increasingly high volumes of scripts.

All pharmacists agree that patient safety is of paramount importance and as the rollout of local service commissioning is developed, the debate on patient safety needs to shift from political commentary into the heart of community pharmacy practice. Some pharmacists are successfully implementing new dispensing procedures which are achieving a 50 per cent reduction in errors (*C&D, February 11, p32*).

Tony Foreman: all pharmacists agree that patient safety is of paramount importance

As industry stakeholders, we have a responsibility to create patient safe solutions and to lead by example in patient safe practice. Innovations such as the introduction of colourful, safe packaging design in the generics market are making a practical contribution to the operational efficiency and safety in pharmacies. This type of ground-breaking initiative is influencing other manufacturers and driving further innovation to improve patient care. Finding practical ways to support pharmacies is key to building patient safety into the modern pharmacy.

Tony Foreman is CEO of Almus Pharmaceuticals and group director of commercial activities, Alliance UniChem.

Xrayser

TOPICAL REFLECTIONS

Sexual discrimination or misunderstanding?

It is always interesting to hear comments from people outside the profession, particularly when they have views on improving our business, but it seems that Mike Owen failed to grasp a few pharmacy fundamentals during his time at PAGB (*C&D, February 18, p28*).

I agree with Mr Owen that most community pharmacy customers are female but I think this is a reflection of society rather than pharmacies' lack of masculine marketing, as he suggests. Traditionally men are more likely to be at work five days a week and women usually look after the children and the family's health in general. Men traditionally do not look after their health particularly well and are less likely to consult any health professional. These are the main reasons we don't see as many men as women in pharmacies.

Cartoon by Don Seed

Medicines are, apart from a few obvious exceptions, unisex and health should be a unisex issue. I have no idea how I could make my medicines counter more attractive to men. Of course, pharmacies sell cosmetics and sanitary products aimed at women, but most men use toiletries of some description even if they are purchased by their wives.

The suggestion that men would be more likely to ask advice if more counter assistants were male is condescending to men in general. If they have a 'personal' issue to discuss they must find a male pharmacist, as they would have to find a male GP.

Pharmacies offer a health service, it is not our role to influence our national culture. I don't hear garages criticised for not attracting enough women, and nor should they be. Selling DIY products or certain types of magazines is not what pharmacy is about.

I think the finding that over half of those in a recent survey would like pharmacy staff to offer more advice and information about healthcare products is misleading. I think a lot of customers would like to know how to find out more information if they were interested but many regard routine Q&A sessions as an intrusion. Men particularly like to "pay and go" and routine interrogations would encourage even more of them to shop at the supermarket.

Mr Owen should know as well as anyone why certain medicines are kept behind the counter rather than on open display. And there is good reason why our professional bodies appear conservative. Precisely because they are professional bodies they have to safeguard patient safety and pharmacists' integrity rather than simply increasing our profits. I rarely hear doctors or lawyers criticised for being too conservative and nor should we.

I do look forward to seeing more men in my pharmacy but I think the necessary changes to society may take some time. In the meantime I will continue my best efforts at a unisex health and retail offering.

A PIL for confusion

Patient information leaflets must be a good thing, as they educate and inform patients, but they can also cause unnecessary confusion and hinder compliance. A poorly considered PIL can confound the problem further.

A sprightly elderly gentleman highlighted the issue for me when asking for advice about the leaflet in his packet of tramadol capsules. He had correctly learned that his painkillers required a lower dose in the elderly, but he wasn't quite sure what this dose should be.

The leaflet described the correct dose as 'one or two every nine hours'. This must have been written by a scientist with no concept of the practicalities of taking medicines as it left the patient unsure whether his dose was twice daily or three times daily. Clearly 'every nine hours' is neither unless you operate on an 18 or 27 hour day. The patient was easily reassured but a common sense check before printing this leaflet could have saved unnecessary confusion.

BlackBAG

Why Nordic men are rats

Immortalised in the *Hitch Hikers Guide*, Slarti Bartfast was very proud of designing all the crinkly bits of the Norwegian coast line.

Unfortunately, before the mice could use it to answer the 'Ultimate Question' it was demolished to make way for an interstellar bypass. Typical. All my answers to Life, the Universe and my Children are inevitably destroyed by them banging on the bathroom door. When I met with the Norwegian Cancer Society they were particularly concerned over matters of mice and men especially when it came to early diagnosis of cancer.

Men, it would appear, are particularly rodent, even when it comes to rodent ulcers, the most common male cancer. Norway has one of the highest levels of male skin cancer in Europe. While this might not kill them and is almost completely avoidable through effective use of sun blocks, it reflects a trend of late presentation in Nordic men for cancer symptoms. Now here is a statistic to make any half decent summer

> **"Men, it would appear, are particularly rodent"**

barbeque party fall silent: in all European countries, melanoma is more common in women but in all those countries, more men will die from the condition.

The Norwegian Cancer Society is rightly concerned and is running a two year campaign to get men to make better use of available sources of professional health advice, with the pharmacist in the front line. As in Britain, men rarely walk up to the counter and say, "OOly up Jip Zooly". Which is just as well as it is totally meaningless, even in Norwegian. But Douglas Adams, who died aged 49, would immediately recognise it. "I have this pain down all the diodes in my left side. But will anyone listen? Life? Don't talk to me about life".

Dr Ian Banks is a GP practising in Northern Ireland

Let your customers say Adios to weight they don't want

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Adios is the best selling OTC slimming tablet in the UK; and now with our eye-catching new campaign in women's magazines and on TV, demand is sure to be even higher. Adios offers great profit potential so make sure your customers' weight-loss is your gain!

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Adios Tablets Adios Trademark and Product Licence held by Diomed Herbals, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. **Indications:** A herbal remedy traditionally used as an aid to slimming. **Legal category:** GSL Further information is available from DDD Ltd, at the address above. **www.adiosdiet.co.uk**

This article can help in the following CPD competencies: **G1a, G1o, G1q, G1v, G1s, C2a.** A list is available at *www.uptodate.org.uk/home/PlanRecord.shtml*

Battle of the bulge

THE COLLEGE OF PHARMACY PRACTICE

This course (module 1361), in association with multiple choice questions being published in *C&D* March 4, provides one hour's continuing education

Objectives

- To know the health risks associated with obesity
- To know how to assess obesity
- To understand how to set up an obesity clinic as an enhanced service
- To be aware of ways to motivate people to lose weight

How many of your obese patients who resolved to lose weight on New Year's Day are still dieting? Pharmacy clinics could help, says *Duncan Petty*

The promotion of healthy lifestyles is an essential service under the new pharmacy contract for England and Wales. Pharmacists and their staff should provide appropriate advice on specified public health topics to people presenting prescriptions for diabetes treatments, at risk of coronary heart disease (especially patients with high blood pressure), smokers and those who are overweight.

The escalating prevalence of obesity in the UK is an increasing concern. In 1998, 19 per cent of UK adults were obese but by the year 2010 this number is likely to be over 25 per cent.[1] There are many reasons for this increase, most notably changes in diet and a decline in physical exercise. The availability of energy-rich snack food has increased dramatically over recent years, making it far easier for people to exceed their recommended daily calorie intake. There has also been a marked decrease in exercise. The extra physical activity involved in daily living 50 years ago was about the equivalent of running a marathon a week.

Obesity is a risk factor for a number of serious conditions including type 2 diabetes and cardiovascular disease (CVD). The incidence of diabetes is increasing rapidly in the UK. Diabetes UK places the figure at over two million people, with a further million unaware they have the disease.[2] At the time of diagnosis, 80 per cent of people with type 2 diabetes are obese.[3] CVD is one of the major causes of premature mortality in the UK, accounting for 34 per cent of premature deaths in men and 25 per cent of premature deaths in women. In 2003, CVD caused over 65,000 premature deaths in the UK.[4] Through its links with these conditions, obesity has a considerable impact on the relative risk of mortality.

Recent data has shown that the distribution of fat mass is important in determining the risk of complications associated with obesity; it is visceral fat that leads to increased risk of CVD. Visceral fat tends to aggregate round the internal organs in the abdominal area, leading to increased waist circumference (WC). Fat was once considered to be inactive but recent reports have shown visceral fat to be a source of endocrine signals and factors implicated in obesity-related pathologies such as insulin resistance, dyslipidaemia, type 2 diabetes, CVD and metabolic syndrome (elevated waist circumference plus any two from: raised triglycerides; reduced HDL cholesterol; raised blood pressure; raised fasting plasma glucose).[5] So obese individuals, and especially the abdominally obese, need to be educated to improve their metabolic and cardiovascular (cardiometabolic) risk profile.

Continued on page 20 ▶

Visceral fat tends to aggregate round the internal organs in the abdominal area, and can be a source of endocrine signals implicated in obesity-related pathologies

[illegible] direct costs of [illegible] the NHS were believed to be around £589 million. If the total indirect costs are taken into account, this figure quadruples to about £2bn.[5] A recent estimate of the total burden of food-related ill health in the UK stands at £6bn. Most of this cost is due to obesity-related disease.[6] Within the next 30 years, type 2 diabetes is likely to present a serious clinical and financial challenge to the NHS.[7] Estimates from the British Heart Foundation place the overall cost of CVD at just under £26bn a year, comprising direct healthcare costs (37 per cent), productivity losses (24 per cent) and the informal care of people with CVD (19 per cent).[8]

Efforts to reduce CVD death have been successful in the UK based on improved management of specific risk factors. The future will hopefully include a greater strategic focus on managing CVD, type 2 diabetes and obesity as part of an integrated healthcare approach in which community pharmacists will play a major role.

Pharmacists' opportunities

Obesity clinics, established as an enhanced service, could help realise the health promotion targets. Pharmacist-run obesity clinics will be even more viable if pharmacists can provide medicines as supplementary or independent prescribers. However, the key to success will be working in partnership with the extended primary healthcare team (*discussed in this article*).

The community pharmacist comes into contact with large numbers of patients. This, and the natural links with the GP practice, makes the pharmacy an excellent location for obesity clinics. Initial attempts to increase the awareness of obesity, especially abdominal obesity, can be achieved through posters and leaflets.[9] Obesity clinics could assess risk factors such as weight, height, body mass index (BMI) and WC (a reliable and accurate measure of abdominal obesity). Such measurements are quick and easy to perform and require only simple equipment – a tape measure and a set of weighing scales.

A desirable BMI (calculated by dividing body weight in kilograms by height in metres squared) lies between 20 and 25kg/m^2. However, BMI has limitations. For example, a patient may have a healthy BMI but still have significant CV risks from smoking, elevated blood pressure and raised plasma cholesterol. This highlights the need for concomitant assessment of multiple risk factors. Although BMI is the current standard measure of obesity, WC (the circumference of the waist measured between the iliac crest and the umbilicus) can help determine abdominal obesity. Abdominal obesity is defined as a WC ≥94cm (37in) for Europid (of European type) men and ≥80cm (31.5in) for Europid women.[10] The recent International Diabetes Federation definition includes abdominal obesity as one of the key components of metabolic syndrome.[10]

Measures to promote weight loss

Initial interventions for tackling obesity include changes in diet and exercise. Exercise may be daunting for some so patients may prefer to gradually increase their level of physical activity by, for example, walking instead of driving to the shops. The pharmacist can also advise on nutrition, for example recommending that patients eat more fruit and vegetables by following the five-portions-a-day edict.

If pharmacological intervention is needed, both orlistat and sibutramine have been subject to Health Technology Assessments from the National Institute for Health and Clinical Excellence. Nice recommends that orlistat should be prescribed only for people who have lost at least 2.5kg in weight by diet modification and increased physical activity alone (in the month before the first prescription) and meet one of the following criteria:

- BMI ≥ 28kg/m^2 in the presence of significant co-morbidities such as type 2 diabetes, high blood pressure and/or high total cholesterol that persists despite standard treatment.
- BMI ≥ 30kg/m^2 or more with no related co-morbidities.[11]

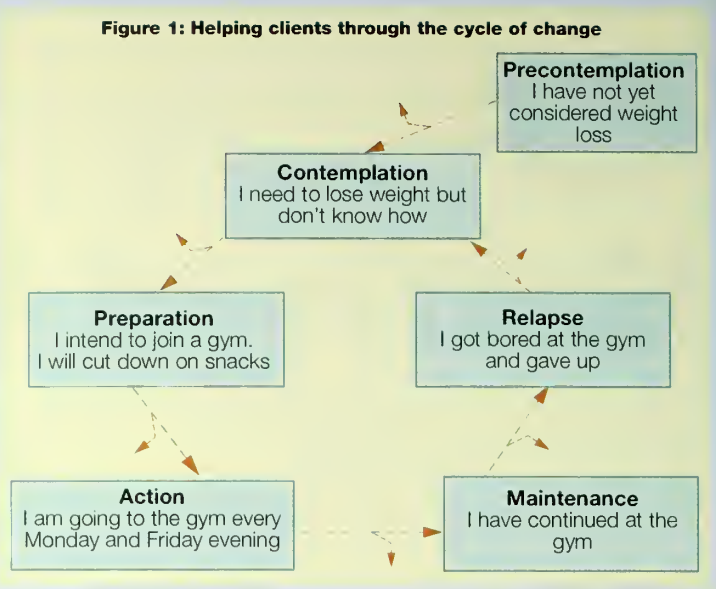
Nice recommends that sibutramine should be prescribed only as part of an overall treatment plan for the management of nutritional obesity in people aged 18 to 65 years who meet one of the following criteria:

- BMI ≥ 27kg/m^2 in the presence of significant co-morbidities.
- BMI ≥ 30kg/m^2 without associated co-morbidities.[12]

In the near future, a new generation of drugs will become available, complementing the current portfolio. These block the CB_1 receptors in the endocannabinoid system; endocannabinoids seem to promote consumption of highly palatable foods such as energy dense snacks. The first CB_1 receptor blocker is expected to be rimonabant, which has shown significant benefits in decreasing visceral obesity and improving cardiometabolic risk profile.[13]

Whether prescribing pharmacological agents or giving advice on diet, pharmacists can support obese patients in many ways. Losing weight is not easy so motivation is important; encouragement, advice and a friendly ear can help patients progress towards their target weight. It is also important to define realistic weight goals. In an obesity clinic, all patients are striving to lose weight and so the environment should provide them with a sense of camaraderie. Similarly, maintaining compliance is difficult. The transtheoretical model suggests five distinct stages of change: precontemplation, contemplation, preparation, action, and maintenance (*see Figure 1*).[14]

Figure 1: Helping clients through the cycle of change



Key points

- You need to know at which stage the patient is in the cycle of change.
- Different strategies must be employed at each stage.
- Patients may leave the cycle at any point, and may go backwards as well as forwards.
- Motivational interviewing techniques aim to keep people on the cycle of change.

It is important to identify at what stage the patient is because this is most likely to have an effect on their response to ideas, suggestions and therapy. To assess patient motivation the National Obesity Forum uses a modified form of this scale alongside four key questions:

- In the past month, have you been actively trying to lose weight?
- In the past month, have you been actively trying to stop gaining weight?
- Are you seriously considering trying to lose weight to reach your goal in the next six months?
- Have you maintained your desired weight for more than six months?[15]

Working with the primary healthcare team

One of the factors crucial to running a successful obesity clinic is liaison with the general practice team. The NHS is moving to practice based commissioning (PbC) so local GPs will be in a position to commission NHS services. Pharmacists must be proactive in approaching the PbC teams with ideas on how they can help meet local health needs. Ideally, the practice team would be able to refer patients to the community pharmacy clinic for ongoing weight management. However, it is important that the criteria for referral are predetermined by both the general practice and the pharmacy team. The practice would probably not want to refer all obese patients but may select groups, including those at risk of type 2 diabetes and /or CVD, and those who have morbid obesity with associated problems such as arthritis.

The importance of using different healthcare resources is

Musculo-skeletal Pain

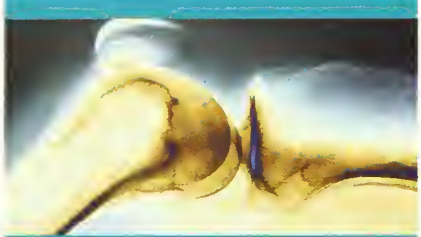
Arthritic pain • rheumatism • back pain • sprains and strains **2006 Guide**

Introduction

The pharmacy counter is a key destination for help and advice for treating a variety of painful musculo-skeletal conditions and injuries.

This training guide will help you to understand the conditions, your customers and appropriate treatment methods. Each page features a section where you can summarise the key points to help enhance learning.

How our joints work



Joints are the skeletal structures that enable us to move. Joints are complex because they have to allow the bones of the skeleton to move against each other, repeatedly, without getting damaged or worn down. Joints are also designed to absorb the shocks and stresses from movement and from carrying our body weight. Other associated components are muscles, tendons and ligaments. Together, these musculo-skeletal structures are crucial to allow mobility and stability.

When joints go wrong

Musculo-skeletal pain is usually a result of injury, disease or general wear and tear. Patients often complain of backache, rheumatic pain, common arthritis and various muscular pains. Arthritis and rheumatism alone affect more than ten million people in the UK, and commonly involve recurring or persistent joint pain. Many more of us occasionally have to contend with painful muscular sprains and strains simply as a result of overdoing things or through minor injury.

Anyone suffering from extreme pain or a serious arthritic condition should be advised to visit their GP. However, for those who suffer from mild to moderate pain there's a lot that pharmacy can offer to help.

Summarise key points from above:

Acute joint injuries

Doctors use the term 'acute' to refer to conditions that tend to occur suddenly and last for relatively short periods. The most common types of acute joint injuries are sprains and strains.

A sprain is an injury to a ligament. Ligaments are the structures that help hinge bones together. When too much force is applied to a ligament, such as in a fall, the ligaments can be stretched or torn, resulting in a sprain.

Causes of Sprains

The most common type of sprain is a 'sprained ankle'. This is commonly sustained through playing sports, and it's easy to 'go over' on the ankle when just doing everyday things like tripping down a step or stumbling when walking.

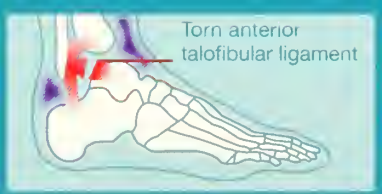
A strain is generally an injury to a muscle or tendon. Muscles are designed to stretch, but can be strained if stretched too far, or if stretched while contracting. Tendons are the structures that attach muscles to bones. A bad strain can involve damaging the muscle and / or tendon.

Causes of Strains

Strains are commonly associated with over-use or over-exertion. For example, footballers and athletes often 'pull' the hamstring muscle in the back of the thigh. People who participate in sports and physical activities such as heavy lifting are generally at a higher risk.

Signs and symptoms of sprains and strains

- Localised pain at or near an injury site
- Difficulty in moving the joint
- Swelling / inflammation
- Bruising



Ibuleve Customer Tip:

Suggest following the **"RICE"** method to help suppress development of the inflammatory reaction to injury. **RICE** stands for:

R

I

C

E

For combined anti-inflammatory action and strong pain-killing action, recommend Ibuleve Gel or Ibuleve Maximum Strength Gel for fast, effective relief.

Summarise key points from above:

Chronic joint conditions

Doctors use the term 'chronic' to indicate conditions that tend to develop over time, and are persistent or recurring.

Two of the most frequent types of chronic musculo-skeletal pain are 'common [illegible] and 'rheumatism'.

Patients often self-medicate because their condition is characterised by regular [illegible] interspersed with days when the condition is still present but less noticeable.

Arthritic conditions involve inflammation or damage to the internal structure of a joint. Two of the most common examples are osteo-arthritis and rheumatoid arthritis.

Osteo-arthritis is the most common form of arthritis, which usually starts to affect people aged between 40 and 60. It is more common with advancing age, and around 12% of people over 65 are affected[3]. With careful management and the right medication though, anyone with a mild to moderate form of this disease can still carry on with normal activities.

Causes: The condition results from general wear and tear of the joints, to the extent that cartilage protecting and lubricating the ends of bones wears away. To try and compensate for thin, worn or damaged cartilage, extra bone forms at the joint and other structures within the joint become damaged. This causes pain, inflammation and deterioration of proper joint function.

Symptoms of osteo-arthritis include pain, stiffness and swelling to the joints, which is mostly evident on waking in the morning.

Rheumatoid arthritis is the second most common form of arthritis in the UK. This involves inflammation within the joints. Affecting between 1% and 3% of the population, it usually starts when people are between the ages of 30 and 50, and has a three-fold higher incidence in women than men[4]. Rheumatoid arthritis also tends to be characterised by symmetrical joint involvement.

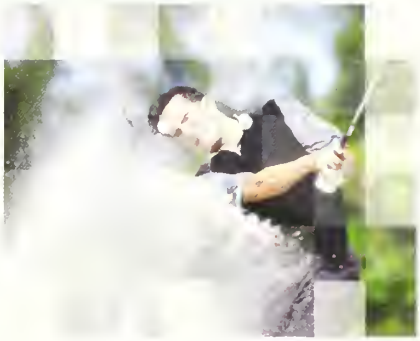
Causes: The joint tissues become inflamed. The precise cause is not known, but is thought to involve the body's immune system turning against itself.

Signs and symptoms may include pain, inflammation and stiffness within the joint. Although these symptoms are similar to osteo-arthritis, rheumatoid arthritis may also be accompanied by other symptoms such as loss of appetite and a general feeling of being unwell.

Summarise key points from above:

Arthritis

Ibuleve Tip:



Please refer to the table below for Arthritis treatment goals

Control inflammatory symptoms	Suggest an anti-inflammatory preparation containing ibuprofen, such as Ibuleve. Avoid the use of heat products when inflammation is present.
Decrease pain	A topical painkiller will help control the pain, at the same time reducing the risk of side-effects that may be associated with regular use of tablets.
Maintain or increase mobility of the joint	Suggest gentle exercise to help keep the joint mobile. Swimming helps to bear the weight of the joint whilst encouraging mobility.

Rheumatism

Rheumatism, alternatively, is a general term referring to discomfort in some or all of the tissues involved in movement (i.e. muscles, tendons and ligaments) as well as possibly the joints associated with them. It tends to be used to describe general muscular pain rather than joint pain.

Summary: 'arthritis' relates to a specific disease of the joints, whereas 'rheumatism' is a general descriptor for muscular pain.

Ibuleve Tip:

Summarise key points from above:

Test your Knowledge so far...

Summary Table Fill in the missing causes and symptoms for the conditions below:

Sprains and Strains	Arthritis
List the common **causes** of Sprains:	List the **causes** of Osteo-arthritis:
List the common **causes** of Strains:	List the **causes** of Rheumatoid arthritis:
List the four main **symptoms** of Strains and Sprains: 1. 2. 3. 4.	List the main **symptoms** associated with Osteo-arthritis: List the main **symptoms** associated with Rheumatoid arthritis:
Recommendations	Recommendations
■ Try Ibuleve Gel or Ibuleve Maximum Strength Gel for fast, effective relief. ■ Suggest following the "RICE" method (see page 2).	■ When recommending a painkiller, remember that because Ibuleve is applied directly to the skin, and not taken orally, it can minimise the risk of side effects, such as stomach irritation, that can be associated with oral dosage forms. ■ Ibuleve's larger 50g packs offer excellent economy and come with a special key to ensure all the gel is dispensed from the pack.

Back Pain

It's easy to understand why back pain is so common.

The back has 149 joints, each with its own cluster of tendons, ligaments and muscles – so that's 149 complex structures than can possibly go wrong. Back problems are reported as causing more long term sick leave than any other condition, and it is estimated that almost half of all adults suffer in this way annually. Some common causes of back pain are:

Poor Posture

This can put pressure on different parts of the back. It is therefore important that we check our posture, for example how we sit at our desk and even our lying position in bed, to make sure this isn't aggravating the condition.

Strained muscles and ligaments

Back pain can be caused by a strained (stretched or torn) ligament or muscle. This can happen as a result of lifting something that's heavy, or performing an awkward movement such as raking leaves in the garden.

Ibuleve Tip:

- [illegible]
- Did you know Ibuleve Gel's unique advanced, penetrating formulation can achieve up to 5x faster delivery of ibuprofen compared to less sophisticated formulations of ibuprofen[2]?

Summarise key points from above:

• **WIN** an exciting prize •

Ibuleve Quiz

Enter our competition for your chance to win one of these exciting pharmacy prizes.

Simply answer the questions below and tick your preferred prize. All correct replies will be entered into a free prize draw.

Tick one answer box for each question:

1) What is the name given to the most common form of arthritis?

- ☐ Osteo-arthritis
- ☐ Rheumatoid arthritis
- ☐ Rheumatism

2) What is the difference between arthritis and rheumatism?

- ☐ Arthritis affects women and rheumatism affects men
- ☐ Arthritis is a specific disease of the joints and rheumatism is a general descriptor for muscular pain
- ☐ Rheumatism is a disease and arthritis is a general descriptor for joint pain

3) Published studies reveal that Ibuleve Gel can be absorbed up to how many times more effectively than other formulations of ibuprofen?

☐ x2 ☐ x3 ☐ x5

4) Clinical trials show that Ibuleve Gel can be as fast and effective as what in relieving soft tissue injuries?

- ☐ 400mg ibuprofen tablets
- ☐ Soluble aspirin
- ☐ Paracetamol tablets

Your Name: .....

Pharmacy Name: .....

Pharmacy Address: .....

.....

.....

.....

Postcode: .....

Tel: .....

If lucky enough to win, preferred prize is (Tick one box):

- ☐ Coffee Machine
- ☐ Cups and Saucers
- ☐ Shredder
- ☐ Room Heater

Competition Terms and Conditions

1. The competition is open to pharmacy staff aged 18 or over employed in registered UK pharmacies. Employees must have their employers permission to enter.
2. Employees of the promoter, their families, agents and anyone directly connected with the promotion may not enter.
3. **The closing date for the competition is 7th April 2006. All entries must be received by 7th April 2006.**
4. The Promoter can accept no responsibility for lost, delayed or damaged entries.
5. All correct answers will be collated and entered into a free prize draw, with the winner being selected randomly. The winner will be notified as soon as practicable after the closing date.
6. The winner of the prize draw may choose one of the following prizes (worth £130 or less): Coffee machine, cups and saucers, room heater, shredder. No cash alternative will be offered.
7. The promoter reserves the right to substitute any prize for one of equal value if necessary.
8. The name of the winner will be available 21st April 2006 by writing to the promoter.
9. The promoter is: Dendron Limited.
10. Actual prizes may differ from those shown.
11. Winners may be required to participate in publicity.

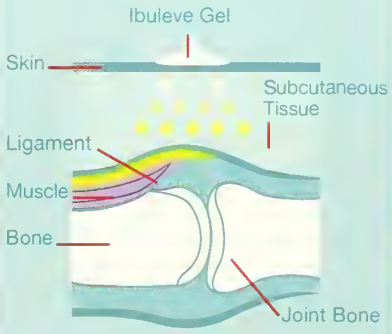
• **WIN** an exciting prize •

Treating pain with Ibuleve

Ibuleve is a topical NSAID formulation, which is especially designed to be applied to the skin directly over the damaged tissues. Ibuleve works by inhibiting the body's production of prostaglandins, the substances involved in the body's painful inflammatory reactions. Ibuleve is formulated to penetrate through the skin and subcutaneous tissue (see diagram below) to reach the muscle and joint tissues, so helping to relieve pain and reduce swelling.

Using topical Ibuleve also means that there's a reduced risk of the side effects often associated with painkilling tablets – this can make it an ideal choice, particularly for at risk patient groups such as the elderly and anyone treating the more persistent or recurring conditions.

How Ibuleve gets to the point of pain



Knee joint diagram

As fast & effective as pills!

A published clinical study[3] shows that, when treating soft tissue injuries such as sprains, strains and back pain, **Ibuleve gel can match the efficacy and speed of pain relief offered by oral 400mg ibuprofen tablets** – an important fact to note when recommending pain relief products.

The advantages of using Ibuleve for pain sufferers:

- Treatment targeted to the point of pain
- Reduced risk of gastric irritation compared to some oral NSAIDs
- Less risk of interaction with other medications compared to some oral NSAIDs
- Ideal for those who dislike and / or cannot swallow tablets and pills

Alternative pain management techniques

There are a number of other pain management techniques to be aware of. For example:

The Alexander technique
Addresses underlying causes of back pain such as stress, posture and breathing disorders.

Hypnotherapy
Aims to change perceptions of pain, rather than treating the cause.

Aromatherapy
Gentle massage with essential oils can help to relax the body and alleviate tension.

Summarise key points from above:

1. Ibuleve Gel can be as fast & effective as what? _____
2. Describe how Ibuleve gets to the point of pain: _____
3. List 4 key reasons to recommend Ibuleve: _____

highlighted in the Department of Health document *Choosing health through pharmacy*. This practice of signposting is an essential service in the new contract. If the pharmacy cannot provide an adequate level of support, the clinic can refer the patient to another healthcare professional.[16] To have the greatest impact, signposting must be a proactive process, with pharmacists actively looking for patients who need the most assistance. A pharmacist can signpost to a variety of services, including imaginative options such as a practice nurse, healthy eating voucher scheme or gym.

It is still early days for the new contract, but there will now be concerted efforts to get enhanced services in place. This will include the creation of area-specific services such as obesity clinics, whose role will become more prominent in primary care.

Obesity is a growing concern that must be faced now. If the increase continues it will have a profound effect on the health of the nation and on the burden placed on the NHS. Obesity clinics can provide a supportive atmosphere that can help patients to lose weight, become educated on the cardiometabolic risk factors associated with obesity, especially abdominal obesity, and make use of the community pharmacist as a vital resource.

Additional resources

- The National Obesity Forum (*www.nationalobesityforum.org.uk*) provides introductory information on all aspects of weight loss including taking measurements, goal settings, eating well, increased levels of activity, and production of a weight loss plan.
- The British Nutrition Foundation (*http://tinyurl.com/qs7nc*) provides advice on a number of topics, including introductions to nutrition and energy, advice on healthy eating, and the links between nutrition and health.
- The Department of Health document *Choosing health through pharmacy* (*http://tinyurl.com/qojbg*) is a resource for pharmacists, PCTs, NHS trusts, and public health organisations that can help maximise the contribution of pharmacists in improving health.
- Desktop DAN (diet and nutrition) is the world's first animated desktop dietician (*www.cannedfood.co.uk*). The aim is to give patients weekly reminders about healthy lifestyles directly to their desktop. It was created by Canned Food UK in conjunction with the British Dietetic Association.

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Duncan Petty PhD, MRPharmS, is a practice pharmacist at North Bradford PCT and pharmacy lecturer at the University of Leeds.

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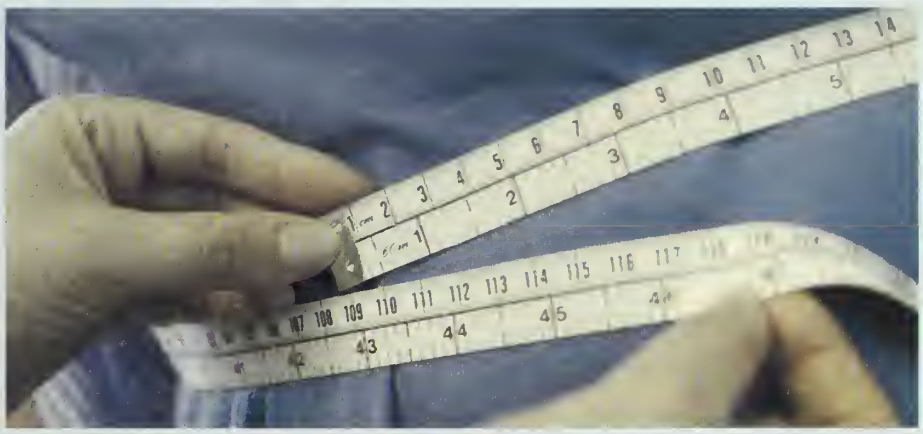
Actionplan

1. If you have time, observe your clients for a continuous five minutes and record in your practice workbook the number you would regard as being within healthy weight limits and those you would regard as overweight. After about 100 records, what is the ratio of normal to overweight people? Does your crude observation agree with one quarter to one-fifth of the population being obese? Your ratio should be higher as you are classing people as overweight rather than obese.

2. In your practice workbook list the features of a healthy lifestyle. Make sure your counter staff are aware of these and the risks of being overweight.

3. Teach your staff to take a proactive approach to overweight clients. This requires training in recognising overweight and, most importantly, the communication skills to get the healthy lifestyle message across tactfully.

4. Compare the problems a smoker faces when giving up smoking to those of an overweight client trying to lose weight. How do you respond to a client who has just giving up smoking but is putting on weight?



The circumference of the waist, measured between the iliac crest and the umbilicus, can help determine abdominal obesity

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, *C&D* readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the March 4 issue, which will cover this week's CPP-accredited module, together with that in the February 18 issue. This will cover:

- **Tinnitus (1360)**
- **Obesity (1361).**

A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

Strattera is ok for ADHD

Strattera (atomoxetine) may be used in children with attention-deficit/hyperactivity disorder, the UK drug regulator has concluded.

Overall, the benefits of Strattera outweigh the risks when used to treat ADHD in children aged six years and older, said the Medicines and Healthcare products Regulatory Agency.

The organisation undertook a Europe-wide review following reports that the product increased the risk of suicidal thoughts and behaviour.

However, the MHRA has issued the following advice to prescribers:

- Strattera should be initiated with caution in patients with a history of fits. If seizures develop or increase in frequency, product withdrawal should be considered.
- The drug has been associated with QT interval prolongation, and should be used with caution in those with congenital, or a family history of, the condition.

For children over six years with ADHD, the benefits of Strattera outweigh the risks

The risk may be increased if the patient is on other drugs that produce QT prolongation.

- All patients should be monitored for depression and suicide risk, and referred if needed.
- Strattera increases the risk of rare, but severe, hepatic disorders and should be stopped in patients with jaundice or evidence of liver injury.

For more information:

www.tinyurl.com/9k68k

Plans to launch Exanta scrapped

AstraZeneca has scrapped plans to launch the novel blood-thinning agent Exanta (ximelagatran).

The manufacturer's decision affects all applications submitted to regulatory agencies worldwide and any countries where the product is already marketed.

Two clinical trials will be stopped and any Exanta-treated patients switched to other treatments. The withdrawal was triggered by study data linking the drug to serious liver injury of sudden onset.

Exanta is marketed for the prevention of venous thromboembolic events in patients undergoing hip or knee replacement surgery in several countries in South America and Europe, but not the UK or USA.

AZ said that the decision would not affect development of AZD0837, a molecule that has the same mode of action as ximelagatran, but is chemically different.

For more information:

www.astrazeneca.com

Scriptlines

Neupro patches

Schwarz Pharma has launched Neupro transdermal once-daily patches (rotigotine) for use as monotherapy in early stage idiopathic Parkinson's disease.

Neupro is available in four strengths (2mg, 4mg, 6mg and 8mg per 24 hours), and as a starter pack that contains seven patches of each strength. The SPC recommends starting patients on the 2mg patch, then increasing the dose weekly to a maximum of 8mg per 24 hours. Patches should be applied to clean, dry, intact skin on the abdomen, upper leg, shoulder or upper arm, and reuse of the same site within 14 days should be avoided.

No dosage adjustment is necessary in patients with mild to moderate hepatic impairment, or mild to severe renal impairment. However, the drug is cautioned in patients with severe hepatic impairment, and as a dopamine agonist, rotigotine is associated with side effects including postural hypotension, sudden sleep onset, somnolence, compulsive disorders such as pathologic gambling and hypersexuality, and hallucinations.

For more information:

See *Pricelist*
Schwarz Pharma Ltd
Tel: 01494 797500

Apidra Optiset

Apidra Optiset prefilled pens (insulin glulisine) will be available from Monday.

Each disposable pen contains insulin glulisine 300U for injection shortly before, or soon after, meals. Apidra should be used as part of a regimen that includes an intermediate or long acting insulin or basal insulin analogue, and can be used with oral hypoglycaemics.

Before opening, the pens should be stored in a refrigerator at 2-8°C. When in use, the pen should be stored below 25°C (but not refrigerated) in the outer carton to protect it from light.

For more information:

See *Pricelist*
sanofi-aventis
Tel: 01483 505515

Physiotulle-Ag

Physiotulle-Ag 10cmx10cm dressings will be *Drug Tariff*-listed from March 1.

Manufacturer Coloplast describes the product as a non-adherent, moist wound healing contact layer containing sulphur sulphadiazine. The dressings are indicated for the treatment of exuding wounds prone to delayed healing such as ulcers, partial thickness burns and donor sites.

For more information:

See *Pricelist*
Coloplast Ltd
Tel: 01733 392000

Ipramol nebules

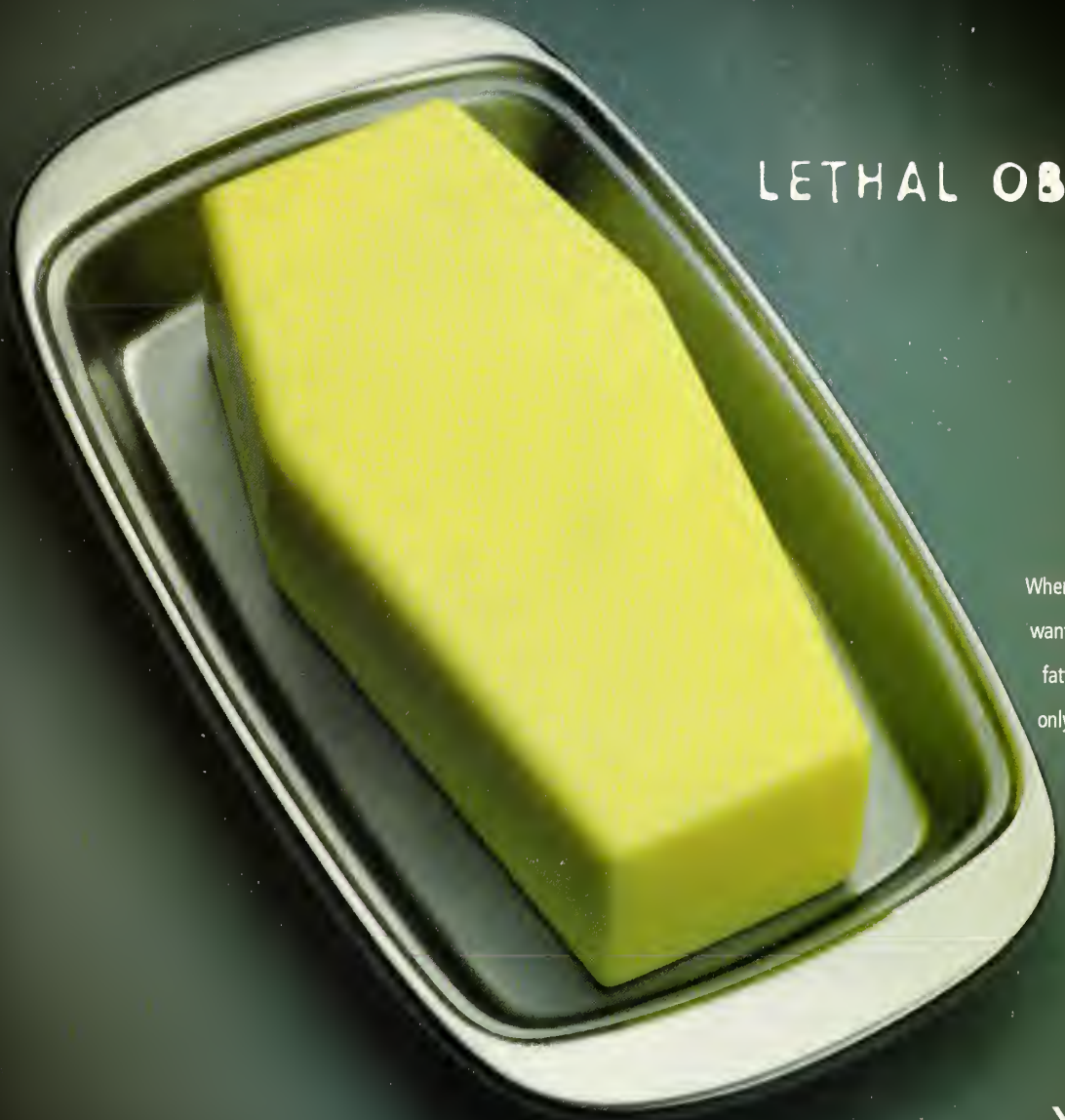
IVAX has launched Ipramol Steri-Nebs, each nebule containing ipratropium bromide 500mcg and salbutamol sulphate 2.5mg.

Price: £23.83

Pack size: 60 x 2.5ml nebules
Pip code: 229-2969
IVAX Pharmaceuticals UK Ltd
Tel: 0870 502 0304

Monotrim

Solvay has discontinued Monotrim suspension (trimethoprim). Supplies are likely to run out shortly, says the company.



LETHAL OBSESSION

When you help obese patients who want to break their obsession with fatty food, losing weight isn't the only way they can benefit. Weight loss with Xenical also leads to a significant improvement in factors which increase cardiovascular risk.[1-4] Prescribe Xenical, block fat and help change their future.

XENICAL®
orlistat

Block fat and help change their future

Information about adverse event reporting can be found at www.yellowcard.gov.uk.
Adverse events should be reported to Roche Products Limited. Please contact UK Drug Surveillance on: 01707 367554

Roche

PRESCRIBING INFORMATION. XENICAL (orlistat). **Indications:** XENICAL is indicated in conjunction with a mildly hypocaloric diet for the treatment of obese patients with a BMI ≥30 kg/m², or BMI ≥28 kg/m² with associated risk factors. Treatment should be discontinued after 12 weeks if patients have been unable to lose ≥5% of their body weight. **Dosage and administration:** One capsule immediately before, during or up to one hour after each of the three main meals. The patient should be on a nutritionally balanced, mildly hypocaloric diet (30% of calories from fat). Increase in faecal fat occurs 24 to 48 hours after dosing and upon discontinuation of therapy usually returns to pre-treatment levels within 48 to 72 hours. Patients with hepatic and/or renal impairment, children and elderly patients have not been studied. **Contra-indications:** Chronic malabsorption syndrome, cholestasis, breast-feeding, known hypersensitivity to any component of the product. **Side-effects:** Mainly gastrointestinal. During the first year of treatment, commonly observed events were oily spotting from the rectum, flatus with discharge, faecal urgency, fatty/oily stool, oily evacuation, increased defecation and faecal incontinence. The incidence of adverse events decreased with prolonged use of orlistat. Other adverse events were: abdominal pain/discomfort, flatulence, liquid stools, soft stools, rectal pain/discomfort, tooth disorder, gingival disorder, upper respiratory infection, lower respiratory infection, influenza, headache, menstrual irregularity, anxiety, fatigue, urinary tract infection, hypersensitivity reactions. Very rare cases of increases in liver transaminases and alkaline phosphatase and exceptional cases of hepatitis that may be serious. Very rare cases of bullous eruptions, diverticulitis and cholelithiasis. Treatment adverse events in type 2 diabetics included hypoglycaemia and abdominal distension. Reports of decreased prothrombin, increased INR and unbalanced anticoagulant treatment resulting in variations of haemostatic parameters have been reported in patients treated with anticoagulants in association with orlistat. **Precautions:** Anti-diabetic drug treatment may have to be closely monitored when taking orlistat. Co-administration of orlistat with cyclosporin is not recommended. Treatment may potentially impair the absorption of fat-soluble vitamins (A, D, E, and K). Patients should be advised to have a diet rich in fruit and vegetables and to adhere to the dietary recommendations as the possibility of experiencing gastrointestinal events may increase when orlistat is taken with a diet high in fat. If a multivitamin supplement is recommended, it should be taken at least two hours after orlistat or at bedtime. Caution should be exercised when prescribing to pregnant women. **Drug Interactions:** A decrease in cyclosporin levels has been observed in an interaction study and reported in several cases when orlistat was co-administered. This can lead to a decrease of immunosuppressive efficacy, therefore the combination is not recommended. If unavoidable, more frequent monitoring of cyclosporin blood levels should be performed following addition and upon discontinuation of orlistat until they have stabilised. In the absence of data, co-administration with acarbose should be avoided. Co-administration with warfarin or other anticoagulants should be monitored using INR values. Amiodarone plasma levels may be reduced when co-administered, reinforcement of clinical and ECG monitoring is warranted. No interactions with amitriptyline, atorvastatin, biguanides, digoxin, fibrates, fluoxetine, losartan, phenytoin, oral contraceptives, phentermine, pravastatin, nifedipine GITS, nifedipine slow release, sibutramine or alcohol have been observed. **Legal Category:** POM. **Presentation and Basic NHS Cost:** Xenical 120mg (84 capsules) £39.51. **Marketing Authorisation Number:** EU/1/98/071/003 (84 capsule blister pack). **Marketing Authorisation Holder:** Roche Registration Limited, 40 Broadwater Road, Welwyn Garden City, Hertfordshire, AL7 3AY. Further information is available on request. Xenical is a registered trade mark. **Date of preparation:** January 2005.

References: 1. Torgerson JS et al. Diabetes Care 2004; 27: 155-161. 2. Berne C. Diabet Med 2005; 22: 612-618. 3. Sharma AM & Golay A. J Hypertens 2002; 20: 1873-1878. 4. Broom I et al. Br J Cardiology 2002; 9: 460-468.

J9791446 January 2005

Seven Seas foresees sales surge

Seven Seas is expecting to see an increase in demand for its cod liver oil this winter with TV advertising and scientific evidence buoying sales.

The *American Journal of Public Health* online published findings in December showing that vitamin D may reduce the risk of developing common cancers. As well as vitamin D, cod liver oil provides vitamins A and E which together help to maintain a healthy immune system, says Seven Seas.

TV advertising is running on ITV until the end of March promoting the company's cod liver oil and Jointcare products.

For more information:
Seven Seas
Tel: 01482 375234
www.sseas.com

Numark's Own Brand stand

Numark is aiming to increase sales of its Own Brand products this year with a range of initiatives. A rebranding exercise is underway which will see new-look products on-shelf later this year and the introduction of Braille on packs.

Communication with members is on the increase with the introduction of a bi-monthly newsletter aiming to boost pharmacy staff's confidence in merchandising Own Brand and recommending products.

From a range of more than 350 products, Numark is offering extra advice on the top 75 lines to encourage pharmacists to stock a greater selection. Further product launches are expected this year.

Members committing to increase their Own Brand spend by £100 per month will qualify for a fascia initiative, worth up to £1,000. Own Brand promotions are running each month with links to non-conflicting brands. Meanwhile, newspaper ad templates are being made available by Numark for pharmacists wanting to advertise in the local press.

A trade advertising campaign begins this month to attract new members and remind existing Numark customers of the benefits of membership. New members will receive the top 20 lines free, an offer worth £169 at trade.

Numark Own Brand saw growth of 6 per cent last year and almost 9 per cent in 2004, bucking the relatively static OTC market trend.

For more information:
Numark
Tel: 01827 841200
www.numarkpharmacists.com

Gillette goes to the movies

Gillette is targeting teenage cinemagoers in a sponsorship deal with Twentieth Century Fox.

Aquamarine, described as a beach based teen comedy being released in May, is the inspiration behind an on-pack promotion which will see 80,000 Venus Divine Paradise starter packs appearing on-shelf from March. Each pack contains a Venus Divine Paradise razor, a Satin Care floral passion mini shave gel, a shaving guide and a shell phone-tag.

Alongside and in partnership with MTV Networks, Gillette is offering a holiday to Australia where *Aquamarine* was filmed. Advertising in teenage magazines is planned and a TV commercial will run on the MTV channel from April until July.

For more information:
Gillette
Tel: 020 8560 1234
www.mtvenus.com/aquamarine

Duracell's football booty

Duracell is offering eight pairs of tickets to Fifa world cup football matches in its capacity as an official sponsor of this year's competition.

Running on all AA, AAA, C, D and 9V packs of Duracell Plus and Ultra M3, other prizes in the on-pack promotion include over 20,000 pieces of official Fifa merchandise. Packs carry a promotional code which can be checked online at the dedicated website where screensavers and wallpaper are available.

Radio advertising began this month on stations including talkSport, XFM and Virgin highlighting Duracell's World Cup sponsorship and the promotion.

For more information:
Duracell
Tel: 020 8560 1234
www.duracell.com/fifaworldcup

Daily dose of glucosamine

Glucosamine 500 is now available from Health Perception.

Each tablet provides 500mg glucosamine sulphate on absorption, with three tablets providing the recommended daily amount. Labelled 'for professional use only', the product contains only pharmaceutical grade glucosamine which is governed by the quality control requirements of a European Drug Master File, says Health Perception.

While the company hopes the product will be used in dispensing, it has no medicinal licence so can be sold OTC.

● A guide to the clinical evidence and safety profile of glucosamine is now available free from Health Perception.

Price: £19.99 (trade £11.42)
Pack size: 90
Pip code: 234-2673
Health Perception
Tel: 01252 861454

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Call us on 0800 590 502. TEVA UK Limited, Leeds Business Park, 18 Bruntcliffe Way, Morley, Leeds LS27 0JG. www.tevauk.com

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Compeed takes to the slopes

The Compeed woundcare brand has been competing for attention at this year's Winter Olympics in Italy. Flyers and samples were distributed around the Games' venues and posters were on display.

European teams were provided with a selection of Compeed products including Blister medium, Antiblister stick and Liquid bandage. For spectators visiting Piazza Solferino, Compeed hosted a giant igloo-shaped area featuring a 3D cinema display of winter sports footage.

Product samples were distributed via 60 brand-sponsored tourism kiosks in and around the sporting venues and spectator areas.

Manufacturer Johnson & Johnson is an official sponsor of the Winter Games and showcased a number of its other brands including Neutrogena and Acuvue contact lenses.

At the Olympic superstore in the Piazza Vittorio customers could buy J&J products including Compeed ski boot bags containing blister plasters and blister stick products. Meanwhile, Turin pharmacies offered special promotions on Compeed stock.

For more information:

Johnson & Johnson
Tel: 01628 822222

Right Guard shows its feminine side

The Right Guard Women range is being repackaged and extended with the launch of two variants. The facelift will give the brand a more feminine look, says manufacturer Gillette.

The two new variants, Pure and Clean, were developed to minimise the white residue left on clothes, a key trend in the antiperspirant deodorant category, says Gillette.

On-shelf next month, the new packs feature a white, pink and silver design replacing the previous aqua blue colour scheme. The company hopes the new look will broaden the brand's appeal and attract new users. Product and fragrance descriptors will help consumers identify variants, believes Gillette.

Price: £2.49, 250ml

Gillette
Tel: 020 8560 1234

There's no True Match for L'Oréal

L'Oréal Paris is introducing True Match super blendable powder and updating the applicator in its Glam shine lip glosses.

The powder can be applied lightly as a translucent layer or built up to give more intensive coverage. It evens out skin tone and hides imperfections, says L'Oréal. True Match powder is available in 10 shades, giving a choice of cool, neutral and warm tones.

Glam shine lip glosses will soon feature a heart-shaped applicator with a pointed tip, allowing precise application, says L'Oréal. On-shelf from April, the updated product will include three new Moonlight and two new Juice variants, bringing the total to 18 shades.

Price: Powder £6.99; lip gloss £6.99

L'Oréal
Tel: 0161 655 1400

Simple range gives it five

The Simple range of skincare products for sensitive skin has been extended with the launch of five products.

Conditioning eye make-up remover pads contain glycerine to hydrate the skin and pro-vitamin B_5 to moisturise and condition lashes, says manufacturer Accantia. Supplied in a resealable pack, the pads are said to be quick and convenient to use.

Alongside, two facial masks and two body bars are available. The nourishing mask regenerates and moisturises the skin and is enriched with vitamins. It should be left on for 10-15 minutes and used once or twice a week. The deep cleansing mask contains clay to draw out dirt, grease and make-up, seaweed extract to cleanse and condition, anti-irritant bisabolol, witch hazel and pro-vitamin B_5. Left on for three minutes once or twice a week, the mask gives skin a regular detox, says Accantia.

Containing jojoba beads and peach seeds, the exfoliating body bar boosts skin's radiance, improves skin tone and stimulates circulation, says Accantia.

Finally, the energising body bar contains lemongrass oil to cleanses the skin and leave users feeling energised and revived, says Accantia. Both body bars can be used as normal soap.

All Simple products are perfume and colour free.

Prices, pack sizes and PIP codes: pads £3.99, 30, 319-4073; nourishing mask £1.25, 15ml, 319-4099; deep cleansing mask £1.25, 15ml, 319-4081; exfoliating body bar 89p, 100g, 320-0144; energising body bar 89p, 100g, 320-0136

Accantia Health & Beauty
Tel: 0121 327 4750
www.keep-life-simple.co.uk

Organic gluten-free pasta

Mrs Leeper's gluten-free organic pasta is now available from Granovita.

Both corn and rice pastas with less than 20ppm gluten contamination make up the range. The products are manufactured by Pasta Lensi in Italy. The corn range comprises fusilli, penne and spaghetti varieties while rice pastas come in spaghetti, penne, sedanini, paternostri and fusilli shapes.

Price: £1.59

Pack size: 250g
Granovita
Tel: 01883 625572

Bronnley's blooming additions

Bronnley has extended its Royal Horticultural Society Floral Collection with a hand wash, hand conditioner and shower gel.

Pack designs feature antique pictures from the RHS's collection of botanical drawings. Each product is available in three fragrances: rose, nasturtium and passion flower.

Prices and pack sizes: hand wash £7.25, 250ml, hand conditioner £8.25, 250ml; shower gel £7.25, 250ml

Bronnley
Tel: 01280 702291

Gluten-free food and drink guide

Coeliac UK's 2006 gluten-free food and drink directory is now available.

The publication lists prescribable gluten-free foods and helps coeliac patients choose safe everyday foods. New to the 2006 edition is a section explaining allergen labelling. The directory is sponsored by Juvela, Ok Foods and Waitrose. For non-members the guide costs £8 plus £2 p&p.

For more information:

Coeliac UK
Tel: 0870 444 8804
www.coeliac.org.uk

Guide to beating tummy bloating

A free guide is available offering advice on how to combat bloating and achieve a flatter tummy.

Sponsored by WindSetlers gel caps, the *Guide to a flat tummy* covers the causes of trapped wind such as processed food, fizzy drinks and fruit. Tips to tackle bloating are given by a nutritionist alongside exercise ideas to strengthen stomach muscles. Over four million people in the UK are believed to suffer with bloating.

For more information:

E-mail: *bloatadvice@thorntonross.com*
Thornton & Ross, tel: 01484 848264

The bottom line on nappy habits

Sales of disposable nappies could decline if local council schemes promoting reusables are successful.

In a bid to reduce the amount of waste going to landfill, certain local authorities are offering parents financial incentives to use cloth nappies. These range from one off payments of £30 to a month's free laundering. The Local Government Association is hoping more councils can be encouraged to follow suit.

Each year three billion disposable nappies are used in the UK and 90 per cent end up in landfill. An average baby uses a total of 5,800 nappies; currently an estimated 10 per cent of parents opt for cloth nappies.

As well as saving the environment, parents who launder reusable nappies at home stand to save £500 per child, say supporters.

Last year Jackel International, owner of the Tommee Tippee brand, bought the Cotton Bottoms range of reuseable nappies.

TV next week

Abbott Diabetes Care: Freestyle Mini: five, GMTV, Sat

Anadin Extra: All areas

Bassett's Soft & Chewy Omega 3 Vitamins: A,GMTV, Sat

Blistex: GMTV, Sat

Buscopan IBS Relief: C4, GMTV, Sat

Calprofen: All areas except GMTV

Canesten Duo: All areas

Cura-Heat Arthritis Pain: All areas except GMTV, Sat

Cura-Heat Back Pain: All areas except GMTV, Sat

First Response: All areas except five

Haliborange Omega-3 for Kids range : C4

Multibionata Activate: C4

Nicorette: All areas except GMTV

Olbas range: five, GMTV, Sat

Palmer's Cocoa Butter formula: C4, Sat

Pearl Drops: All areas except five

Quiet Life: GMTV

Seven Seas Cod Liver Oil: All areas except C4

Seven Seas Joint Care: All areas except C4

Soothagel: five, GMTV

TENA Pants: All areas

PharmaSite for next week: Zovirax – Windows, **Thornton & Ross – Fluconazole –** In-store **Thermacare –** Dispensary

Pharmacy channel: Sonicare, Eating Disorders Association

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Eurofile update

Jörn Runge on Czech pharmacies going on strike, a Swiss GP-internet and supermarket tie-up, German forgeries, and the growth in Russia's medicine black market

Germany

Pharmacists in Germany are complaining about the increase in numbers of forged prescriptions. Counterfeiters are especially targeting the prescription opioid analgesic Tilidin, one of Germany's leading health insurers has announced.

Tilidin is particularly in demand from young people who are misusing the drug. Last year alone the insurer had 600 forged prescriptions for the product. The majority of the prescriptions come from Berlin, which is said to be the centre for counterfeiters wanting to obtain the analgesic. The demand has been matched with an increase in the number of stolen prescriptions and an organised trade with them, with stolen and forged prescriptions turning up all over the country.

Up to now 120 pharmacies have received forged or stolen prescriptions. The annual cost of all this for German health insurers amounts to around e500,000 each year and is said to be rising as the medicine is being seen as an alternative to illicit drugs.

Russia

The pharmaceutical market is one of the most profitable in Russia. Prices are rising steadily, encouraged by the lack of any price maintenance or regulation of medicines.

For many Russians, treatments are now out of their reach because of the price so there are just two alternatives – the black market or so-called "social pharmacies". In St Petersburg the pharmacy chain Pharmakor is offering patients in need around 500 selective medicines for a price that is around 30 per cent cheaper than the market average.

In Moscow the chain Phamir is offering discounts of up to 25 per cent. Among those entitled to discounts are pensioners who receive a store card with their details, address and pension number.

The so-called "social pharmacies" still make good profits but are seen as the only hope in the fight against the black market, with scores of fake medicines putting the welfare and health of patients in need at high risk.

Czech Republic

Pharmacists, doctors and representatives of small hospitals were to hold a joint demonstration on February 24 in Prague in protest against the policies of the health minister.

Their first protest took place on January 30, when most pharmacies in the Czech Republic closed for three hours. Czech pharmacists are outraged by the new government's provisions on drug pricing policy. This imposes a cut in the trade margin from 32 to 29 per cent to trim the public health insurance budget. Jan Horáček, spokesman for the Chamber of Pharmacists, pointed out that part of the margin already goes to drugs suppliers and as a result pharmacists' final profit margin is only 19 per cent. Pharmacists claim their total annual income of around e259 million will drop by an average 15 per cent.

Lubomír Chudoba, president of the Czech Chamber of Pharmacists, warned that a quarter of all 2,200 Czech pharmacies might face bankruptcy because of the ministry's decision. Furthermore, this closure of pharmacies would have a negative impact on the public.

The health minister David Rath is arguing that the cuts will push drug prices down and have a positive impact on patients. However, pharmacists counter this by saying the drop in prices will be a matter of a few Czech korunas (1K is worth about 2.4 pence) and won't actually affect patients much.

Switzerland

While Swiss pharmacists are outraged because of the co-operation of the Swiss supermarket chain Migro and the internet pharmacy 'Zur Rose', the health authorities seem to be merely irritated.

Migro is sending prescriptions and patients' personal details in a locked letter to the doctors–owned internet pharmacy 'Zur Rose'. After 48 hours the medicines will have been sent to the supermarket, where they can be collected.

Migro is charging five Swiss francs (about £2.20) for every item. On top of this the internet pharmacy is bearing all the supermarket's expenses for storage, including refrigeration if necessary.

The Swiss Chamber of Pharmacists has approached the health authorities to demand the end of this business partnership, arguing that it constitutes one of the most serious distortions of competition in the Swiss pharmaceutical market.

'Zur Rose' has rejected the accusation and announced its intention to extend the co-working to other parts of Switzerland (excluding those areas where doctors are allowed to dispense medicines themselves). As almost 2,000 doctors are shareholders of the internet pharmacy, the announcement is seen as further proof of the desire of GPs to undermine pharmacists' position in the country.

'Zur Rose' already caused indignation when it started to offer GPs a payment of 5SwF every time they send a prescription straight to its address. Even German pharmacists fear the Swiss internet pharmacy as it is trying to break into their market with its own distribution centre in Halle in Saxony-Anhalt.

Swiss health authorities are looking into it to see whether the business needs proper authorisation.

Yes minister

It's been nine months since Jane Kennedy became the minister responsible for pharmacy. Here she gives her views to *C&D* on some of the hot topics for community pharmacy

C&D: *Pharmacy only gets a brief mention in the White Paper on care outside hospitals– could you say more about the plans the Government has for pharmacy?*

Jane Kennedy: I like to see it in terms of ensuring community pharmacy fits firmly within the plans we have for NHS patient services in future. *Our health, our care, our say* signifies a fundamental shift in their direction and delivery. There will be a much greater focus on earlier prevention and interventions to promote better health. Advice and support should be readily available for those who need it – especially people with long-term medical needs and their carers. People must have more choice in where to go for their services and a greater say in how, when and where they are provided. So services will need to fit the patient – not the other way round. They must also be readily accessible. This is especially true of under-served or deprived areas to help break down the health inequalities which exist.

Community pharmacy – with its tradition of easy and convenient access for all and high public confidence in the services, advice and support available – is well placed to take advantage of this radical change. It will be in the interests of providers to develop services tailored to patients' needs locally, in convenient settings, close to or in the home. This will act as a driver for more responsive and innovative service models, which offer better value for money.

C&D: *Pharmacy bodies have expressed disappointment at the White Paper. They say it is "a missed opportunity for pharmacy and centres principally on GPs".*

JK: I have seen reports of responses from the leading pharmacy bodies which welcome the main messages in the White Paper. We believe there are significant opportunities for pharmacy opening up as a result of the changes the White Paper heralds and ensuring services are brought closer to patients.

C&D: *What assurances can you give that when GPs begin rolling out practice based commissioning (PbC) that pharmacy gets a fair crack at the new money? Pharmacists on PCT professional executive committees said, in a C&D straw poll carried out last month, that PbC could mean that GPs commission services from their own staff rather than through pharmacies – how will the DoH prevent this from happening?*

JK: We consider it vital that community pharmacy involves itself fully in primary care trusts' plans for practice based commissioning to help formulate plans and to make a full contribution to shaping service delivery for the future. We published guidance entitled *Practice Based Commissioning: Achieving Universal Coverage* on January 26. This covers budget setting, support, information requirements, incentives and the values and principles which underpin practice based commissioning.

C&D: *The White Paper also says that the pharmacy contract would develop in line with the Paper's ambitions – what does this mean specifically?*

JK: The new contractual framework and the ability to contract for local pharmaceutical services provide a firm bedrock for services. We want to continue to develop these arrangements to help community pharmacy take advantage of the opportunities opening up. We want to ensure we maximise the skills and expertise available, to develop pharmacy's potential for responsive, high quality services, and to integrate it fully with others as an essential part of local primary care provision.

C&D: *Smaller pharmacies that dispense fewer than 2,000 items per month are concerned that they will become unviable because they will miss out on the new contract's £20,000 practice payment, and highlighted their concerns to health minister Rosie Winterton last year. What assurances can you give that these concerns will be considered?*

JK: All parties to the agreement recognised that some smaller pharmacies may be concerned about their continued viability. That is why we put in place a number of measures to support pharmacies dispensing smaller volumes of prescription items. This of course includes a protected professional allowance until March 2008 for those dispensing between 1,100 and 2,000 items per month. This gives smaller pharmacies time to adjust to the new funding arrangements while they consider their position. I very much hope pharmacies will decide to continue to provide valuable services. But I do want to stress now that we are not in the position of simply paying pharmacies to dispense prescriptions. We are very much in the business of paying for convenient, accessible and high quality pharmaceutical services – now and in the future.

C&D: *Can you say what plans the DoH has for the contract: will dispensing fees fall? Will any of the services in the enhanced tier move into the advanced tier? Will the DoH remove any more from pharmacists' purchase profits?*

JK: We continue to review implementation of the new contractual arrangements, including funding for this year and to be agreed for 2006-07, with PSNC and the NHS Confederation.

We have always said that we will keep pharmacy's funding streams and income under review as the new framework beds down. This is complex and the discussions detailed. Further announcements will follow when we have reached agreement.

C&D: *The pharmaceutical public health plan was launched by the DoH last year. But if the DoH is serious about tackling health inequalities, why have the services within the plan not been incorporated into the pharmacy contract?*

JK: The public health strategy for pharmacy goes wider of course than just community pharmacy. But I believe our aims and objectives for improving public health are embedded within the new contractual arrangements and at all levels. It provides a good platform for pharmacists and their staff to contribute to health improvement and reduction of health inequalities as highlighted in *Choosing health through pharmacy, a programme for pharmaceutical public health.*

Essential services include promoting prescription linked healthy lifestyle advice for people with diabetes and coronary heart disease, including advice on stopping smoking, improved nutrition, eg five-a-day and increased physical activity. It also includes signposting patients to other services and supporting self-care.

The advanced medication review service can make a very important contribution to improving a patient's general health – particularly those with long-term conditions. And PCTs can commission local enhanced services such as needle and syringe exchange schemes, emergency hormonal contraception services and supervised administration of methadone. These will all help to improve access to services, especially for those who are deprived, helping to reduce health inequalities.

C&D: *Pharmacists say developers of NHS Lift schemes see pharmacy as a 'cash cow' rather than an integral part of the primary care health team. Developers have set rents for pharmacies located in Lift premises that are significantly higher than those outside the Lift site. Can you assure pharmacists that Lift schemes will treat all health providers within Lift premises equitably?*

JK: It is for the PCT to determine how relations between a Lift company and a pharmacy should be handled. The PCT can discuss with the Lift company how they treat a pharmacy, for instance on a similar basis to other primary care providers on site.

C&D: *Following the OFT's report into community pharmacy in 2003, the Government opened up access to the pharmacy market by granting four exemptions to control of entry. The Government says in 2006 it will further review the way contracts are awarded. What is the Government planning to do and can you assure pharmacists that the pharmacy network will be maintained?*

JK: We are committed to improving access and choice for patients and consumers to NHS pharmaceutical services and to promoting a more competitive environment to encourage better quality of service provision. We wish to see a strong and vibrant community pharmacy sector which meets these ambitions.

In the response in July 2003 to the OFT report we undertook to review the progress we have made in reforming the regulatory system in mid-2006 and to publish our findings. We will make further announcements on the details of this review as soon as possible. But I would stress that this will be a review of the progress we have made in our reforms – not a review of the control of entry system itself.

C&D: *In light of the problems in transferring to the new home oxygen service, do you acknowledge the outstanding response made by community pharmacies to ensuring patients received oxygen supplies at home?*

JK: We are tackling problems that emerged around the country in the first week of February following our move to new arrangements for the delivery of oxygen to patients at home. The tremendous response from community pharmacies in helping us to ensure patients get the oxygen they need when they need it has been outstanding. It has always been our intention to continue to work with pharmacy contractors in managing a phased six-month programme of transferring patients to new suppliers. For several reasons, that programme ran off course on February 1 but we are getting on track again. Thank you to all community pharmacies that are continuing to provide their support to managing these changes. Their professionalism in putting patients first has made a difference. We can look forward to seeing this carried through to the range of services pharmacists can offer under the new contractual framework.

C&D: *Why weren't these problems foreseen?*

JK: They were. We have always known that any attempt to transfer all patients on day one of the new service was not the answer. Many patients – those using a concentrator service – transferred to new suppliers before February 1 and the plan is to phase the transfer of others over a six-month period that ends in July 2006. We are pleased that healthcare professionals are using the new order forms as this supports transition but in many cases advance orders are sent to suppliers at the same time as orders for emergency needs or where patients need more supplies now. Community pharmacies are helping us to prioritise this huge volume of orders by continuing to support the supply of oxygen through the GP prescription route.

Taxman out in the cold

"The company was used to exploit the personal services of Mr Jones as an IT consultant"

A court ruling last month could have positive implications for husband and wife businesses, says Paula Tallon

The decision handed down on December 15, 2005, in the case of Jones v Garnett was a victory for the taxpayer and a blow for HM Revenue and Customs. The Court of Appeal's decision was unanimous in that the legislation at the centre of the case had no apparent policy objective and its interpretation should not be extended beyond the existing case law, which has been around since 1939.

But an announcement late on Friday January 13 confirmed that HMRC is not ready to go away yet and has decided to petition the House of Lords for leave of appeal against the decision of the Court of Appeal. This does not mean that it will definitely go to the House of Lords; the Appellate Committee needs to decide whether to allow the appeal.

What was the case about?

The case concerned a married couple, Geoff Jones and his wife Diana and a company they set up, Arctic Systems Limited. They set up the company in 1992 and on the advice of their accountants the shares were issued, one to Mrs Jones and one to Mr Jones. This is common tax planning with family businesses.

The company was used to exploit the personal services of Mr Jones as an IT consultant. However, Mrs Jones did some work in the company. She undertook all the book-keeping, liaised with the accountants and the bank, organised insurance, dealt with the contracts and other administrative tasks. She worked on average four or five hours per week on the company's business. Both Mr and Mrs Jones received a salary from the company on which PAYE was accounted for. Mr Jones received £8,400 per annum and Mrs Jones received £3,600 per annum.

In 1999-2000, dividends of £25,767.25 were paid to each of the shareholders. HMRC assessed Mr Jones for tax in respect of the dividend paid to Mrs Jones on the grounds that there was a settlement within the definition contained in Section 660A (1) *Income and Corporation Taxes Act 1988*. On the basis of this legislation the dividend paid to Mrs Jones was income arising under that settlement and was deemed to be the income of Mr Jones. Section 660A is re-enacted in Section 619 to 648 *Income Tax (Trading and Other Income) Act 2005* (ITTOIA) following a rewrite of some of the *Taxes Act*.

Broadly, the settlements legislation is anti-avoidance which is intended to prevent an individual from gaining a tax advantage by making arrangements which divert his annual income to another person who is liable to tax at a lower rate. In the case of Mr and Mrs Jones, HMRC claimed that by allowing Mrs Jones to be an equal shareholder and not drawing most of the income as a salary Mr Jones had entered into arrangements which amounted to a settlement for the purpose of section 660 ICTA 1988. Section 660 defines a settlement as "any disposition, trust, covenant, agreement, arrangement or a transfer of assets". It was on this interpretation that HMRC assessed the dividends on Mr Jones.

The Court of Appeal found in favour of Mr Jones which went against the previous decisions by the Special Commissioners and the High Court which had both found in favour of HMRC. The Court of Appeal said that the subscription by Mrs Jones for her share was a normal commercial transaction so no settlement arose. The Court also noted it was important that there was no contract or obligation for Mr Jones to provide his services to the company at an undervalue.

Who does this case affect?

This case concerns situations where a company is set up with the share capital owned between husband and wife or by people living together or who are closely connected, and one of the shareholders is the main income generator of the company. This is typical of personal service companies.

So what does this mean for existing companies? As a result of the previous High Court decision many taxpayers in a similar situation to Mr and Mrs Jones may have been advised to prepare and submit their self assessment tax returns for the year ended April 5, 2005 based on the decision which has now been overturned by the Court of Appeal. This could mean that one spouse is paying tax on the other spouse's income. If this is the case, you could "repair" the return based on the decision passed down on December 15, 2005.

For the 2004-05 tax return you have until January 31, 2007 to do this (tax returns for 2003-04 had to be amended by January 31, 2006). However, as payments on account are based on the previous year you may be making higher payments on account so you could make a claim to reduce these if you were not "repairing" the return before January 31, 2006. If HMRC is granted leave to appeal and is successful in the House of Lords, interest will be charged on the unpaid tax. Speak to your accountant on how to do this. For taxpayers who self assessed on the basis that the case would be overturned, no action is needed on their returns.

On an ongoing basis, for individuals who are incorporating a limited company and wish to bring in a spouse (or civil partner) as a shareholder they need to ensure that the spouse (or partner) subscribes for shares in their own right and pays for those shares (in many cases this will be nominal value). Also, the spouse providing the skills and services must not agree to provide these services at an undervalue to the limited company, ie there is no contract or any other arrangement in place to do so. If the company is set up in this way it does not constitute a settlement based on the existing legislation and the decision in the Court of Appeal.

What next for the HMRC?

The decision was a shock to HMRC with the judge's comment that the "lack of a clearly ascertainable legislative purpose underlines the need for caution in extending the concept of settlement beyond the scope of existing jurisprudence" and that the HMRC's position in this case was a "significant extension". In his opinion this was a "commercial situation between two adults, to which each is making a substantial commercial contribution, albeit not for the same economic value" and that "such a difference, by itself, is not enough" to bring the case into the settlement provisions.

HMRC never thought it would lose this case and we all wondered what it would do next. The thought was that it would give up gracefully and perhaps introduce some new legislation in the 2006 Finance Bill. Friday January 13 gave us the answer: HMRC still has some fight and has announced its intention to petition which will prolong the uncertainty for thousands of taxpayers.

Paula Tallon is director and head of direct tax at Chiltern Plc.

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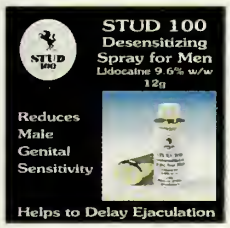

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Thalidomide – the musical?

Move over *Jerry Springer – The Opera*, a shock show themed on a disfiguring drug is here. Max Gosney finds out what all the song and dance is about

A drug which left a generation of children with deformed limbs may not appear an ideal subject to celebrate in song and dance.

But Mat Fraser, writer and star of *Thalidomide!! A Musical* makes a bold effort to address and amuse audiences over the harmful morning sickness treatment prescribed in the UK from 1958 to 1962.

Mr Fraser, a thalidomide survivor, tells the story of fellow sufferer Glyn and his love affair with the able bodied Katie, played by Anna Winslet, sister of Hollywood star Kate.

The story is set against a backdrop of drugs industry cover-ups and conceit. A sinister voiceover recounts the tragic history of Germany's thalidomide. The drug, we learn, was developed by Chemie Grunenthal in 1954. The pharmaceutical firm rushed the nausea treatment to market despite lacklustre safety tests.

Mr Fraser launches a scathing riposte to big pharma in the musical's angry anthem *Monster Babies*. The opening song sees drug chiefs "denying that it's bad – we're lying. And the public still buy this pill, shares rising", whilst depicting victims

"A chorus of playground taunts such as 'flid' and 'seal boy'"

of thalidomide as "a vision from Hades, worse than rabies".

The song sets the standards for a savage appraisal of the drug's effects, with later tracks entitled *Talk to the Flipper* and *It's Hard to Hitch Down Life's Highway with no Thumbs*.

Some of the audience appeared to find mirth in Mr Fraser's self-deprecating style. But, when the actor arrives on stage dressed as a schoolboy to a chorus of playground taunts such as "seal boy" and "flid" the situation is surely too sad and harrowing to be humorous.

Yet the jokes roll on as Glyn, struggling to cope with his condition, offers brutal one-liners such as: "If you think that I'm pathetic, maybe I should go prosthetic".

Both Mr Fraser and Ms Winslet shine in a shoestring production with a performance of boundless energy. The duo mix roles from Australian doctors to country and western singers with great style.

The story reaches a bizarre conclusion when Glyn rescues Katie from a car crash in Brazil by cutting her arms off. Katie, delighted that she now shares the disability of her sweetheart, proclaims her love for Glyn and the duo, along with their baby boy Raoul, sail off into the South American sunset.

The musical hits top form when taking a swipe at big pharma. Mr Fraser's sardonic attack on the lack of compensation received by many thalidomide victims is particularly poignant. Yet, too often cheap disability gags mask the intelligent observations.

Mr Fraser champions the musical as openly "sick and offensive but very funny". If you like your comedy jet black then you'll love it.

C&D verdict: 2/5

Thalidomide facts

- Distillers Biochemicals Ltd sold the drug in the UK. It was also marketed in Canada, Japan and Australia.
- Never appeared in the USA as research of Dr Frances Kelsey of the Food and Drug Administration held up the licensing process. As she engaged in safety tests evidence linking it to birth defects began to appear.
- Over 10,000 people, including 400 Britons, were born with limb deformities as a result of thalidomide.
- The drug has since been developed as a treatment for both leprosy and cancer.

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